CHEMIST & DRUGGIST

The newsweekly for pharmacy

January 26, 1985

a Benn publication

SULEO-C LOTION WITH CARBARYL

SULEO-M LOTION WITH MALATHION

A 2 hour total kill of lice with Suleo-and excellent patient compliance.

New Suleo-M Lotion and Suleo-C Lotion have been developed by International Laboratories to meet family needs for louse control and eradication. The traditional 12 hour application represented a substantial deterrent to correct usage by mother and child as the pungent, lingering smell affected the living environment and demanded laundering of beddothes.

Applied as directed, Suleo Lotions will kill all head lice and eggs. After two hours the head can then be cleaned with any proprietary shampoo.

By reducing the length of application by no less than ten hours the prospect of full patient compliance is dramatically enhanced.

International Laboratories have also developed a community programme of insecticidal rotation, and will be working with the health districts to notify pharmacists of suggested rotation policy in their district.

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Clinical Trial Results on Benylin

Benylin Expectorant re-affirmed as No.1 in Pharmacy for Chesty Coughs

- **Highly significant relief after a single dose.**
- **Consistently better in reducing cough frequency and severity.**
- **Preferred for taste and general palatability.**

A recent trial[1] on expectorant cough treatments proved the superiority of Benylin Expectorant over a triprolidine formulation which is also used in the treatment of coughs.

Benylin Expectorant was shown to be significantly better in giving symptomatic relief, even after a single dose, and scored significantly better for patient preference on smell, taste and general palatability.

Proof of the superiority of Benylin Expectorant, your No.1 cough treatment. Prescribed by doctors, recommended by pharmacists.

Benylin, No.1

Composition: Each 5ml contains: Diphenhydramine hydrochloride Ph Eur 14mg; Ammonium chloride Ph Eur 135mg; Sodium citrate Ph Eur 57mg. Menthol B.P.1.1mg.
Indications: For the relief of cough and its congestive symptoms.
Dosage *Adults* One or two 5ml spoonfuls every two or three hours. *Children 1-5 years* 2.5ml every three or four hours; *6 to 12 years* One 5ml spoonful every three or four hours

Contra-indications, warnings etc Known hypersensitivity to any of the active constituents. Renal dysfunction. May cause drowsiness. If affected, the patient should not drive or operate machinery. Avoid alcoholic drink. As with any other medicine, care should be taken in administration during pregnancy.
Product licence no 0018-5090.
Cost 125ml x 24 List price ex VAT £20.83, 250ml x 12 List price ex VAT £18.53

Data sheet available on request 1 Data on file, Warner-Lambert (UK) Limited Benylin is a trade mark R84050

WARNER LAMBERT HEALTH CARE

the name people feel better with

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COMMENT

The consultation period on the Government's proposed limited prescribing list comes to a close on January 30 with few people any the wiser on its final content and method of operation.

The Government has steadfastly refused to bow to the powerful medical and industrial lobbies. The rejection by the BMA and ABPI of the limited list principle has enabled the Department of Health to stick to its own. There has been little outside input on the operation of the list although the DHSS is expected to make concessions on content in the laxative, analgesic and antacid categories.

With hindsight one could say the writing was on the wall years ago with regard to excessive or expensive prescribing. John Patten, Under Secretary at the DHSS, made it clear this week that the Government has thrown enough money at doctors in an effort to cut prescribing costs. The limited list is the result of abuse of clinical freedom, he suggests obliquely.

The BMA only a fortnight ago said it had accepted the recommendations of the Greenfield report as a basis for negotiation. The PSNC gave the report conditional approval, but preferred its own solutions of dose-related prescribing, 28 days maximum supply and triple prescription forms. The ABPI, as may have been expected, rejected the major recommendations.

Any opportunities that may have been offered have been swept away by political expediency. The PSNC, in accepting the principle, has gambled correctly that the Government would stand by its intent. In doing so it has gained some political goodwill. Whether this will carry over in negotiations on the new contract remains to be seen. And whether it will be negated in the dispensary by reduced script volume and NHS turnover is also a moot point.

The PSNC stance has been echoed to a lesser extent by the NPA and the Society, who while opposing the principle, conceded to political reality and contributed to the consultations. Thus industry apart, the pharmaceutical organisations seem to have played their cards cautiously but with positive result. With the inevitability of a limited list now almost certain, interest must focus on how it will be implemented and enforced.

The Government must publish the final version of the list as soon as possible to allow hard pressed wholesalers to adjust their stock levels. Manufacturers, some of whom are privately accepting an April 1 deadline, must co-operate with their customers.

And at the end of the line, or the front depending on your point of view, pharmacists must think about how they are going to explain the changes to an unsuspecting public.

Patten blames failure to cut scripts for list

The limited list proposals have been introduced because the Government's efforts to educate doctors' prescribing habits have not been an "overwhelming success," according to John Patten, Parliamentary Secretary for Health.

Mr Patten said the British Medical Association had claimed that and voluntary measures by doctors could save far more than the £100m a year expected from the limited list.

"But the Government spends well over £1m a year giving all GPs free copies of the most authoritative and up-to-date guidance on prescribing. I am sure this is money well spent, but no-one could claim this educational approach has been an overwhelming success. That is why we have had to take positive action through our limited list proposals."

Mr Patten, speaking at a conference on generic prescribing in London on Tuesday, continued: "For, how could it be said that generic substitution would save more money than the limited list proposals when the total cost of branded drugs for which there *are* generic substitutes amounts to only about £90m."

Mr Patten pointed out that the drug companies were not united themselves on their attitude to the list: "While the Association of the British Pharmaceutical Industry is prophesying the end of the NHS, individual companies are urging us to accept their products on to the list. They see that they have a future in this country, just as much as they do in France or Germany or Switzerland or any other country that does not allow every medicine on the market to be prescribed at public expense."

He said: "The industry's campaign appears in part to be an attempt to frighten the poor and elderly into believing that they will have to pay for essential medicines. This is just not true. We have given a pledge that if a drug is really essential it will remain on the NHS."

Mr Patten stressed that consultation on the drugs to be included in the list was continuing and that the comments already received from hundreds of doctors would be taken into consideration before the list was finalised. The Chief Medical Officer at the DHSS was also being advised by seven experts on the final contents of the list.

£60m industry cut in investment

The Government's limited list plan has already cost Britain up to £60m in cancelled pharmaceutical industry capital investment. Another £80m of spending on new factories and equipment is currently believed to be hanging in the balance, as are some 2,000 existing jobs, said ABPI economic planning director, David Taylor, on Tuesday.

The long term impact on manufacturers' confidence could result in even more serious damage, he said. "We are in danger of just giving our pharmaceutical industry away to countries like America and Japan. Ministers have been seriously ill-advised on this policy. It is a bad mistake. It could be the straw that breaks the back of Britain's pharmaceutical industry. It could also permanently harm the tradition of medical independence within the NHS."

Mr Taylor accepted that Ministers are under heavy pressure to make health spending cuts, and are also seeking more effective political control over the NHS.

Ministers have drawn much of their public support from affiliates of Health Action International (HAI), a group which is committed to the limited list plan, and to "decommercialising" the world pharmaceutical market, he claimed. Individuals associated with HAI have apparently been able to influence strongly the thinking of Ministers, and have since been very active in complaining about ABPI's advertising campaign, he noted.

Mr Taylor described the Association's current advertising campaign as "unquestionably justified". The campaign will go on, alongside other activities designed to get the truth across to the public, he said.

Social Services Secretary Norman Fowler rejected proposals put to him on Tuesday by the British Medical Association to introduce voluntary limited prescribing. No further meeting is planned. The BMA say its campaign to influence public opinion will continue, and confirmed it had had no input during consultations.

Labour state policy on list

Frank Dobson MP, Opposition spokesman for health, has outlined the Labour Party's objections to the limited list, and suggested criteria under which a "selective drug list" should be operated.

"The Labour Party has made clear for some years now, we do not object in principle to a thorough-going selective drug list in this country', Mr Dobson told a conference on generic prescribing, on Tuesday: "If this were to be anything other than voluntary, it would have to meet the following requirements to secure the support of the Labour Party".

1. It would have to apply across the board, not just to drugs prescribed on the NHS.
2. The criteria for including drugs would primarily be safety, efficacy, the ease with which they can be administered and palatability, even if this means a branded product; cost should be secondary.
3. A machinery for selecting and assessing drugs for inclusion in the list should be established
4. The machinery should include representatives of the professions, the drug companies, relevant trade unions and patients as well as the Government.
5. The machinery should provide for open assessments of drugs, openly arrived at.
6. It should be empowered, equipped and have the resources to deal with applications for inclusion in the list and appeals against exclusions from the list and, if necessary, to commission or conduct its own clinical trials.
7. It should be empowered to establish national and local machinery for meeting the needs of the limited number of patients who need drugs outside the list.

Mr Dobson said the Government's proposals met none of these criteria. "It's desire to save money can be secured by reductions in the prices paid to the drug companies and by the extension of generic substitution as recommended in the Greenfield Report."

The list undermines the principles of the NHS, said Mr Dobson. "It would bring two-tier care back into every NHS surgery from which it was banished in 1948.

"It is still not clear whether or not many of these remedies for the symptoms of minor ailments will be available in any form, generic or otherwise, on the NHS limited list. The object will be to create a demand which cannot be satisfied within the NHS but which can be met by more over-the-counter sales or private prescriptions. That may save the Treasury money, but it is not a healthy development."

In concluding, Mr Dobson said: "There are many other things that need to be put right. Many people still have difficulty getting their prescriptions made up. Rural pharmacies are still in retreat. Dispensing doctors remain unsatisfied with their position." Prescription charges should ultimately be abolished, and a public stake taken in the industry to restrain its worst excesses, he said.

List expected at end of February says PSNC

The final version of the limited list will not be produced until the end of February, according to the Pharmaceutical Services Negotiating Committee. The Committee has asked for substantial additions to the list in the analgesics, laxatives and antacids categories.

"The timing is regrettable because it minimises time contractors will have to adjust their stocks," said chairman David Sharpe. He urged the Government to publish the list at the earliest possible date.

Mr Sharpe expressed surprise at a statement by Health Minister Kenneth Clarke that indicated there would be both a negative and positive list. It would be much easier for contractors if there was just a negative list, he said, and hoped for early clarification.

PSNC was "delighted" to hear the Minister say that under present arrangements GPs were prohibited from charging NHS patients for a private service for writing scripts or selling medication. "Both he and his civil servants confirmed to PSNC at a meeting on December 12 that there was no intention to change this arrangement, which was applicable to both dispensing and prescribing doctors," said Mr Sharpe.

The DHSS has confirmed that an FP10 cannot be treated as a private script if written for a disallowed item. It was the property of the family practitioner committee and could not be used as anything other than an NHS script.

"We would want pharmacists to comply with the Pharmaceutical Society's recommended scale for pricing private scripts," he added. "Those items which are available for retail sale may create problems if a price other than the retail price is charged. It will be up to individual pharmacists what to charge."

It appears it will be a breach of terms of service for a doctor to prescribe, and a pharmacist to dispense, a disallowed item, Mr Sharpe said. "We submitted strongly that only the pharmacist would incur a financial penalty if an error was made. PSNC felt a honeymoon period should be allowed to give pharmacists a chance to rectify a mistake."

PSNC were pleased to hear the Minister was considering a PR campaign to inform the public on the new regulations as fully as possible. A suggestion that an explanatory leaflet could be provided for patients when a disallowed item was prescribed was described as "interesting". PSNC intends to produce an A4 showcard explaining the changes, which will be distributed to contractors.

The Minister was emphatic in saying there was no question of generic substitution by pharmacists, said Mr Sharpe. Nor would it be acceptable for a pharmacist to dispense a non-listed branded preparation on a generic script and charge the difference.

"We were also interested to hear that the Department is considering generic equivalents of well-known proprietaries that are to be banned, although no specific examples were given," said Mr Sharpe.

The next plenary meeting on the new contract is on January 31, but no comment was made on the progress of negotiations.

Tenders for the provision of a domiciliary oxygen service have to be submitted by the end of February. No details of PSNC plans were revealed.

PSNC is taking legal advice over a letter sent by a Liverpool-based appliance contractor to pharmacists in the North East, offering to supply ostomy products direct and give pharmacists 25 per cent of the cost. PSNC recommend pharmacists do not involve themselves.

The PSNC has organised a media "teach-in" for LPC delegates in a bid to improve its public relations image. Two days have been set aside for the exercise — February 14 and March 14. Twenty pharmacists are to be invited to each session, where three professional newsmen will explain how to communicate with the media. Mr Sharpe said: "We will be making their names known to the local media. We are trying to set up a network of Press officers who can respond rapidly on behalf of PSNC."

The "You and your chemist" tape slide presentation is to be updated and a video made along the same lines. PSNC are looking at the possibility of publishing a children's book, aimed at six to eleven year olds, on the role of the pharmacist in everyday life. A list of PSNC officials and regional officers (with office telephone numbers) is to be listed on the On-pharm Prestel service.

Carl Bedford, MPS (left) is the new chairman of the Proprietary Articles Trade Association. He is seen here with outgoing president Peter Worling, FPS, managing director of Vestric.

Ennals attacks list in the Lords

Lord Ennals, Social Services Secretary in the last Labour Government, underlined the widespread opposition to the limited list proposals in the House of Lords last week.

Lord Ennals recalled that in 1981 Mr Norman Fowler, the Social Services Secretary, said the Government would resist any system of limiting the freedom of doctors to prescribe.

Lord Glenarthur, Under-Secretary for the DHSS, said: "Times change and move on, and we have been conducting a thorough survey of what happens in this country and what happens abroad." The list was a consultative one, he pointed out, and over 650 constructive letters had been received by the chief medical officer at the DHSS.

The debate was initiated by Lord Kilmarnock, who had asked whether the Government would withdraw the proposed limited list in favour generic prescribing as recommended in paragraph 24 of the Greenfield Report.

Lord Kilmarnock also forecast that the Government would be forced to extend the list with the result that any saving would be more like £50m than the £100m proposed.

ABPI plea to GPs

As the January 31 deadline for consultation on the limited list looms, the Association of the British Pharmaceutical Industry has still to concede on the list's principle.

In a letter to doctors dated January 18 Dr Snell, ABPI director of medical and scientific affairs, sets out to underline the dangers of the limited list and its effects.

The list will create a two tier system, says Dr Snell who argues in favour of more flexible local limited formularies with which, he says, the proposed national list would seriously interfere.

The number of medicines on the UK market has been widely misquoted, he says. It is about 2,100 as measured by brand names and around half that when measures by ingredients. Figures have been inflated by counting different formulations of the same drug, and by including 6,000 homoeopathic products.

The indications are, says Dr Snell, that the public is largely unaware of the list proposals and there may be a sharp back lash when they become clear.

List opposed by NI profession...

Representatives of the pharmaceutical profession in Northern Ireland have this week told the Government they are opposed to the principle of a limited list because "current proposals can only result in a two-tier health service which would discriminate against the poor and elderly".

The effects of implementing the list will be felt more acutely in the Province than in Great Britain because of the higher level of morbidity and social deprivation. This view was put to Mr Christopher Patten, the Minister of State for Health and Social Security in Northern Ireland, by a joint committee representing the Pharmaceutical Society of Northern Ireland, the Pharmaceutical Contractors Committee and the Ulster Chemists Association.

Mr Patten was told that due consideration did not appear to have been given to alternative methods by which savings could have been achieved — generic prescribing, limitation on prescription quantities and more control over repeat prescribing.

The profession had reservations about the introduction of a scheme which would lead to considerable misunderstandings and conflict between pharmacists and patients, as well as to major problems of interpretation and implementation.

The representatives told Mr Patten that, while they were concerned that the NHS should be run with maximum efficiency and economy, the provisional list meant many important medicines and formulations would no longer be available on the NHS. (The meeting took place as *C&D* was going to press.)

...as PGC sets out its case

Views on the limited list proposals were to be sent to the Government by the Pharmaceutical General Council (Scotland) within the next few days, a spokeswoman told *C&D* on Tuesday.

Representatives of the Council told the Scottish Health Minister, Mr John Mackay, at a recent meeting that they did not oppose the principle of a limited list but the one proposed was out of date and prevented patients from taking modern remedies.

Clarifying various points, Mr Mackay said that the list would be a negative one of barred items, which would remove the problem of having to know what the doctor had diagnosed. The aim was to publish the list by mid-February, backed by publicity to make the professions and public fully aware of the new arrangements. Discussions were being held with suppliers to ensure adequate supplies of the permitted products.

If a patient presented a prescription for barred items, the pharmacist would have to refuse the supply and send the patient back to the prescriber. A substitute would not be allowed. The patient would be unable to pay the price difference between an allowed and disallowed remedy.

CPP moves to independence

The College of Pharmacy Practice is to approach the Pharmaceutical Society's Council at the end of the month to propose that they should separate at the end of this year.

The intention has always been that the CPP and the Society should become independent of each other, probably after five years. Announcing this latest move at a Winpharm symposium on counter prescribing last week, CPP secretary Raymond Dickinson said that if the division was achieved at the end of the year, it would be "absolutely on schedule". Mr Dickinson, who is also assistant secretary to the Pharmaceutical Society, said he felt the College was sufficiently strong, numerically (it now has around 800 members) and financially, to take this step.

Around 70-80 students are enrolling each year and the syllabus for College examinations is being used as a basis for other continuing education courses for pharmacists around the country.

Recall for Myocrisin amps

Pharmacists are asked to return boxes of 50mg Myocrisin lot DS4558 because an incorrectly labelled ampoule has been found in the batch. Boxes should be returned to the supplier, say May & Baker.

Confusion ahead over dead stock

A confusing situation is developing over dead stock which may be held by pharmacist contractors and wholesalers when the limited list is introduced on April 1.

The Pharmaceutical Services Negotiating Committee has announced its intention of carrying out a survey early in the Summer to establish dead stock holdings on April 1. A joint effort with the Department of Health has been proposed, but no reply received yet.

"The Minister does not consider dead stock will be a problem," said PSNC chairman David Sharpe. "We disagree strongly. We are particularly concerned with prescription medicines which will be in the negative list." He hoped wholesalers and manufacturers could reach agreement to prevent destocking.

Pharmaceutical wholesalers are getting mixed results in negotiations with manufacturers to credit dead stock. Unichem chairman Peter Dodd says companies have been co-operative. "We have reached agreement with all manufacturers except three — we will be running out of stock on their lines in mid-February."

Mr David Wright, managing director of Macarthys, predicts there will not be a stock shortage at the end of March. However, he says: "The position at the moment is far from perfect. A minority of manufacturers has agreed to accept stock back, others are holding out until the list is announced."

Mr Wright warned there was no room for a cut in distribution costs, following suggestions that this was one course proposed by the ABPI to produce savings. "There can be no reduction in distribution costs without a compensating reduction in discount to the chemist. The alternative would be savage cuts in service levels."

Vestric managing director Peter Worling told *C&D* the situation was very complex with potentially up to 600 lines that could be proscribed. Vestric have received positive assurances from between a third and a half of their suppliers. "By the middle of February we will have to think about reducing stocks of those companies who have not contacted us."

NAPD director Ossie Logan is currently visiting all members to acquaint them with the situation. It is estimated wholesalers will suffer a 10 per cent cut in business as a result of the list. NAPD has made its problems clear to the DHSS and is awaiting a response.

Heriot-Watt to close — it's final

After a long fight it looks as though Heriot-Watt University's school of pharmacy is to close after the 1985 intake has graduated.

The University received the University Grants Committee's "final" decision on Monday. The Committee rejected a two-pronged appeal from the University and the Pharmaceutical Society (see *C&D* January 5, p7).

Dr Gordon Jefferson, acting head of the school, told *C&D* he was "desperately disappointed". He said that the letter from the UGC seemed ambiguous on a couple of points, however there may still be a chance for postgraduate pharmacy education and for continuing education courses to be run at Heroit-Watt. But that would have to be thrashed out with the UGC, Dr Jefferson explained.

Peter Joshua, president of the British Pharmaceutical Students Association, who led students in a march to Westminster last December, said it was sad that the closure had to be on financial grounds.

In its letter to the University's principal, Dr Tom Johnston, the UGC explains that the Government attaches the highest priority to reducing public expenditure. In real terms the university's grant must be expected to continue to drop by 1.5 to 2 per cent per annum. The problem is compounded by increasing costs such as VAT on building and more complex courses requiring more staff to run them: "The only way to achieve this is for subjects to be concentrated in large, strong departments, with each university concentrating upon what it does best," says the UGC.

FPS spending up £100m in '86

The Government expects to spend £100m more in 1985-86 on Family Practitioner Services than planned in the last White Paper.

Spending is expected to increase by £500m by 1987-88 according to the White Paper on Public Expenditure published this week. Social Services Secretary Norman Fowler, commenting on the White Paper said: "I have already announced action to contain expenditure on drugs through higher control of drug company profits and limitations on NHS prescribing to make it more cost effective. The savings achieved on the drugs bill and the extra resources we are making available will enable the FPS to continue the meet demand.

"Over the next three years we expect to spend an extra £2.4b on the NHS in Great Britain, over £700m more next year, £920m in 1986-87 and a further £800m in 1987-88.

"Total spending in the NHS in England will increase next year by £600m over this year's plans and over the three-year period by some £2.1b."

An increase of prescription charges to £1.95 or £2.00 in April is predicted. *The Times,* in an article on Wednesday, suggests that in 1986-88 prescription and dental charges are due to rise at twice the rate of inflation. There are no plans for new charges or exemption changes.

In an interview published in the *Financial Times* this week, Health Minister Kenneth Clarke stressed a drug would only be eliminated from the NHS if a suitable cheaper alternative was available. Some drugs currently excluded would be re-instated, he implied, and allowances made for breakthrough drugs.

He denied the list was "the thin edge of the wedge" and said there was no intention to change the categories.

He confirmed the target rate of return for the industry would be reduced to 17 or 18 per cent, and denied claims that such a cut would threaten investment.

API refused more PL(PI)s

The Association of Pharmaceutical Importers has been refused three more PL(PI)s, bringing the total to 12 rejections.

The latest products turned down by the Department of Health are Clomid from Italy, Tenormin from France and Premarin 2.5mg from Italy. Other refusals have been for Librax, Glucophage 500mg and Rifadine 150mg from Belgium, Vibramycin 100mg from Greece and Belgium, Moduretic, Dalcin C 150mg and Eritrocina 500mg from Italy, and Diamox 250mg and Euglucon 5mg from France.

The API is still collecting evidence for its proposed court case seeking a judicial reivew of the HD endorsement scheme.

The DHSS is still considering a letter from the EEC in Brussels putting forward certain proposals on parallel imports following the backlog of about 1,000 applications for PL(PI)s.

NPA campaign extended to '86

The National Pharmaceutical Association had decided to extend its advertising campaign for a further year to the end of 1986.

The campaign contribution from each pharmacy will remain at £50, the Board decided this week.

The NPA's response to the limited list this year, will be to bring forward Autumn Press bookings for the current black and white advertisements to the Spring, to coincide with its launch. The board considered a series of new advertisements, targeted at patients who would no longer be able to get specific drugs through the NHS, but decided the wider appeal of the 1985 advertisements would be sufficient to attract those people to pharmacies.

LPC advertises pharmacy sale

An advertisement placed in the pharmaceutical Press by Hertfordshire Local Pharmaceutical Committee may lead to the continuation of pharmacist dispensing, threatened by the closure of the only pharmacy, in the village of Ashwell.

Ashwell, population 2,000, has just one pharmacy owned by Kingswood Chemists, with 1,600 patients on the local surgery's prescribing list. On December 10, the administrator of the Hertfordshire Family Practitioner Committee received a letter from the superintendent of Kingswoods, Mr Terry Silverstone, saying that the branch would close on December 24.

LPC chairman Mr Gordon Bird made representations to Mr Silverstone about the loss of pharmaceutical services to the village and was assured that the pharmacy would be kept open until a time more in keeping with the three months notice required under the NHS Regulations 1974. Kingswood would thereafter organise a collection and delivery service to the village, operating out of their premises in Royston and Baldock. The LPC then decided to advertise.

Mr Alan Smith, chief executive of the Pharmaceutical Services Negotiating Committee, told *C&D*: "If it is an essential pharmacy, be it rural or urban, where the patient is going to be inconvenienced, the proprietor owes an allegiance to patients and the FPC should insist on the three months notice required by Regulations."

TOPICAL REFLECTIONS

by Xrayser

ASA clears ABPI

The Association of the British Pharmaceutical Industry's advertisement campaign against the limited list does not infringe the Code of Advertising Practice.

The Advertising Standards Authority has ruled that the advertisements fall within section 1.4 of the code. This states: "Provided always that the advertiser concerned is named and an address is given, the code imposes no restriction upon claims concerned with matters of political, religious, social or aesthetic controversy."

Seven complaints have been received about the campaign.

Non-HD suppliers

Several more generic suppliers have assured the DHSS and the PSNC that they will not give discounts in excess of 12 per cent on Drug Tariff price.

A consolidated list is: APS, Berk Pharmaceuticals, Cox, CP Pharmaceuticals, Evans, Hills Pharmaceuticals, Kerfoot, Kirby-Warrick, Loveridge, Macarthys, NE Generics, Norton, Pinewood, Steinhard, Thornton & Ross, Unichem, Unimed and Vestric.

C&D Price list

The following amendments were not printed in this week's *Price List Supplement*. The section below concludes "This week's changes" for January 26.

VASELINE (Chesebrough-Pond's)						
constant care lip balm		441-154	7 36(20)	S	0.53	r
hair cream						
jar	160ml	430-009	8 88(12)	S	1.06	a
sac		486-605	11.02(24)	S	0.66	i
hair tonic	100ml	325-613	12 11(12)	S	1 45	a
intensive care						
cream						
extra strength	100ml	487-199	11.35(12)	S	1.36	i
lotion	75ml	402-743	5 84(12)	S	0.70	a
	100ml	299-230	6 68(12)	S	0.80	a
	200ml	369-264	10.86(12)	S	1.30	a
	300ml	133-967	7.51(6)	S	1 80	a
	500ml	381-699	22.48(12)	S	2 69	a
extra strength	75ml	078-360	7 26(12)	S	0.87	a
	200ml	094-185	13.36(12)	S	1.60	a
	300ml	094-235	9 18(6)	S	2 20	a
herbal	200ml	441-659	10.86(12)	S	1.30	a
	300ml	122-150	7.51(6)	S	1 80	a
petroleum jelly	tin	299-297	11 02(36)	S	0.44	a
	no. 1	299-305	5.02(12)	S	0 60	a
	no. 2	299-313	7.18(12)	S	0 86	a
	no. 3	133-983	11 44(12)	S	1 37	a
	no. 4	059-725	9.06(6)	S	2 17	a
babysoft	75g	072-694	13.54(24)	S	0.81	a
WELLA (Wella)						
molton brown stylers						
	set of six	158-337	18 00(6)	S	4 95	i
WET GUARD (Sterling industrial)						
Effective February 01						
	450ml	169-458	14 43(6)	S		a
WINKLER (Krausz-Harari)						
neck pillow						
inflatable		162-172	10 95	S		i
YESTAMIN (English Grains)						
Effective February 01						
fibre bran						
tablets	80	225-730	11 62(10)	S	2.00GS-L	a
ZINCOLD 23 (Vitalia)						
tablets	30	159-590	1 60	S	2.75	a

For sale...cheap ...blacklisted

I can just see my advert in the NPA pink supplement. "For sale: gallons and gallons of Benylin Expect, several litres of Dimotane Expect, etc. Best price too... buyer collects."

I haven't seen the reps either. What are we going to do, since my GPs seem to have the wind-up properly and have stopped ordering anything but Mist Expect and linctus simplex? I guess I'll have to give them a call asking them to have a heart and help me move the stuff which I bought to fill their traditional Winter prescriptions.

Beam me up...

You will have read the letter from E.R. Scott, marketing manager of Beecham Proprietaries, last week tearing me off a strip for (he says) paying more attention to ill-informed TV programmes than to the excellent documents published in the *C&D* and sent direct to us concerning their latest product Sominex.

It seems that what I wrote about Phenergan (and Dramamine) sent poor Mr Scott scurrying round to his nearest pharmacy to buy both products. He read the labels. Nowhere did the label say that either product was indicated for aiding sleep.

However, I am grateful that the side effects of these drugs have been recognised and used for 30-odd years. Now Beecham have taken that side effect and used it to constitute a sound reason for prescribing the drug, and applied for a product licence on the basis of this known effect. There is nothing wrong with that either. All I did was to note the striking disparity in cost, and to point out that many pharmacists could and do sell ten or so (not so very different from eight Sominex) Phenergan 25mg tablets as a counterprescribed aid to sleep, charging a reasonable professional fee for advice.

Imperial moves

Since I wrote last about the changes in ownership which seem to be sweeping over our various suppliers, I have been fascinated to learn that Imperial Foods, who bought New Era Laboratories from Guiness, are part of Imperial Tobacco. Now since I am associated with medicine, I find myself wondering if, in the light of the disclosures about which medical organisations hold shares in tobacco, I should stop handling New Era products?

What a relief then to find that BAT have just unloaded their cosmetics onto Beecham's broad shoulders, since I suppose we would soon have been asked to stop stocking Yardley's and Lentheric's ranges.

It's a funny old world when you find that investment in the Grand Met, which any reasonable being would suppose represents hotel interests, lumbers the proud shareholder with profits from tobacco. Yet I would have thought the spreading of capital, albeit originally generated from tobacco sales, into other fields is to be wholly applauded, as part of a programme leading to the end of the trade.

Beecham more interested

I have accused Beecham of being less than interested in the community pharmacist, but from my very recent experience I think there appears to have been a change of attitude. This change filters down to my lowly position in the form of sales offers which, if I buy only 15 cases, allows me to sell at competitive prices once more. I'm going to buy, and shall watch with interest to see if the toiletries from Beecham actually generate more business for me or merely take a bigger sector of my established cake.

Surrogate rights

By the time my piece on this was published last week the judge had quite rightly, in my view, awarded the child to the father and his wife, who will no doubt give her a home untroubled by this unhappy bit of history. But, like a good many others, we were caught up by the arguments tossed to and fro by all sorts of people.

We saw and heard, for example, the American lady who set up the business of private surrogate parenthood. On the whole I thought she came out far better than one might have expected. I was particularly struck by her unhesitating condemnation of the suggestion that a child might properly be conceived in the womb of a sister or near blood relation to the barren woman. I cannot imagine a more potentially disastrous situation. Her insistence on the surrogate remaining unknown to the commissioning parents seems eminently sound, and if, as I think likely, surrogate childbearing becomes a part, albeit a limited part, of our society, then, as a safeguard for the child, we must write such conditions as the baseline for legislation.

COUNTERPOINTS

Unichem offer classic choice

Unichem's first classic winners promotion runs from February 1-28.

Products featured in the promotion are: Atrixo cream and lotion, Beecham powders, tablets, capsules and hot lemon, Elnett hairspray, Farleys rusks, Gillette Contour cartridges, Kleenex for Men, Super 3, Mum refill (40ml), and Rollette (40ml), Nice 'N Easy, Right Guard double protection and deodorant, Steradent Deep Clean, Sterafix powder and tablets, VO5 styling mousse, Vespre, Vita Fiber, Wilkinson Handy and Swivel.

Members offers will also be available from February 1-28. Products are: Aquaban, Arrid, Aspro Clear, Alberto Balsam conditioner, deep conditioner and shampoo, Cushioncare, Dentu Hold, Dextrosol, Fastidia, Feminax, Flex frequent use shampoo and conditioner, Harmony colour foam and display, Head and Shoulders, Headlines, Immac cocoa butter lotion, KY jelly, Karvol, Kleenex pocket pack, Lil-lets, Linco Beer shampoo, Listerine, Listermint, Mac lozenges, Milk of Magnesia, Milpar, Milupa drinks, infant breakfast and junior food, Moncler Derma cleansing gelee, and moisturising care cream, Alberto Natural Silk conditioner and shampoo, Palmolive shaving creams, Pearl Drops, Phensic, Polycolour, Polytint, Potters catarrh pastilles, Radox herbal bath, salts and showerfresh, Seba-med, Shine aerosol conditioner, Signal toothpaste, Slender Slim chocolate twin sachet and soups twin sachet, Lilia Stick-on, Strepsils, Sunsilk hairspray and styling mousse unit, Tender Touch, Ultrabrite toothpaste, VO5 Alive, Venos expectorant, honey/lemon and adult formula.

Sundries available in February are: Oral B toothbrushes, Tommee Tippee (selected lines), Red Kooga and Grangewood, Addis hairbrushes, Unichem toy vans, thermometers and shaving brushes, Waterfall capsules, Feverscan, Jordan toothbrushes and Denman hairbrush merchandiser. *Unichem Ltd, Unichem House, Cox Lane, Chessington, Surrey.*

Gem are entering the body spray market with the launch of four sprays. Available in four fragrances — night mist, love mist, lunar mist and kiskan mist, the sprays retail at £0.69 and come in shrink wrapped outers of 12. *Richards and Appleby, Gerrard Place, East Gillibrands, Skelmersdale, Lancashire*

Discover 2 goes monthly

Discover 2 (£5.95) is being backed by double page colour advertisements in the women's monthly Press — the first time this has been done for a home pregnancy testing kit, according to manufacturers Carter-Wallace.

The campaign will run throughout 1985, and carries the copyline "Find out if you're pregnant after one hour in your own waiting-room." A free counter display stand holding 18 packs is also available. *Carter-Wallace Ltd, Wear Bay Road, Folkestone, Kent.*

The new Innoxa fragrance Theme (*C&D*, January 5) will be available in March.

SCRIPT SPECIALITIES

No strap sheath

Raymed have added self-adhesive penile sheaths to their Aquadry range.

Aquadry Freedom Sheaths have been designed with a skin-friendly adhesive coating and should stay on without straps, liners, tapes or extra adhesive, says Raymed. The sheaths come in three sizes — youth/geriatric, medium and standard (30, £28.75 trade). They are available on the Drug Tariff.

Raymed say their research has shown that demand for their unique design, which has been patented, will be high within a couple of months.

In addition to their shelf-adhesive properties, the sheaths have a bulb stem designed to prevent backflow and thicker latex walls at the base to prevent twisting and kinking. Quick urine flow is aided by the wide bore outlet tube.

Raymed recommend the sheaths be changed every 24 hours for hygiene purposes.

Fitting instructions are included in every box and a simple measuring guide is available from *Raymed, a division of Chas F. Thackray, Viaduct Road, Leeds LS4 2BR.*

Bristol Myers additions: Vepesid capsules are now available in a 50mg strength (20, £113.95 trade) and Megace tablets 40mg are available in packs of 250 tablets (£62.23). *Bristol Myers Oncology, Station Road, Langley, Slough, Berks SL3 6EB.*

Expulin linctus in 100ml: Expulin linctus is to be available in 100ml packs (£0.79) from February 11. The 300ml size is to be discontinued when stocks are exhausted, say *Galen Ltd, 19 Lower Seagoe Industrial Estate, Portadown, Craigavon, Co Armagh BT63 5QD.*

Wholesalers return discontinued Pamergan injections AP 100/25: Manufacturer's stocks of Pamergan injection AP100/25 are now exhausted and the product has been withdrawn. Wholesalers with any stocks should send them, before the end of February, to Mr M. Sherwood, MPS, *Martindale Pharmaceuticals Ltd, Chesham Close, Romford, Essex.*

Aproten and **Bi-aglut** dietary products will be distributed by *Ultrapharm Ltd, PO Box 18, Henley on Thames, Oxford RG9 2AW* from February 1. Farmitalia Carlo Erba will cease to invoice the products at close of business on January 25.

Wickersley Optical

"Vision Aid" Reading Glasses
High quality ground, polished and impact-resistant lenses made from British glass.
Each pair clearly marked with strength for easy comparison with prescription.
Highly functional, with a range of fashionable styles.

Wickersley Optical Ltd.
40 Wood Lane
Wickersley
Rotherham
South Yorkshire S66 0JX
Tel: Rotherham (0709) 543618

Watching the Women's Press

The following column lists advertisements for chemist merchandise due to appear in the IPC women's Press. The magazines are divided into three categories — weeklies (W), monthlies (M) and magazines aimed at the younger end of the market (Y). The monthly magazines covered are the February editions due to appear mid-January.

Elizabeth Arden perfumes:		M	
Ashe Labs Maws:		M	
Vitapoint:	W		Y
Beechams Bovril:		M	
Germaloids:	W,	M	
Germolene:	W,	M	
Headlines:	W,	M	
Shaders & Toners:			Y
Vykmin:	W		
Yeast-vite:		M	
Booker Health Healthcraft:	W,		Y
Boots cosmetics:		M	
No. 17:			Y
Vitamin C:	W		
Bowater Scott Fiesta:	W,	M	
Britannia Efamol:		M	
British Tissues Dixcel:	W		
Brodie & Stone Jolen:		M	
Carnation low calorie soup:	W		
Carnation Slender:	W,	M	
Charles of the Ritz:			M
Chattem Mudd:			Y
Sun-in:			Y
Chefaro Confirm:			Y
Chesebrough Pond's Gentle Touch:			Y
Thomas Christy skin care:		M	
Clarins:		M	
Combe Lanacane:	W,	M	
Cooper Health Oral B:		M	
Cow & Gate:	W,	M	
Crookes Sweetex:		M	
DDD Blisteze:	W,		Y
Dentinox:	W,	M	
Christian Dior:		M	
Elida Gibbs styling mousse:	W,	M,	Y
Health & Diet figure trim 8:		M	
Head High:		M	
Slymbred:		M	
Healthilife:		M	
Heinz babyfood:	W,	M	
Slimway soup:	W,	M	
Holland & Barrett:	W		
ICC Anebesol:		M	
Immac:			Y
Preparation H:		M	
Innoxa:		M,	Y
LRC Durex:	W		
Lancôme:		M	
GR Lane Maxi Vit:		M	
Quiet Life:	W		
Larkhall Labs Lipcote:		M,	Y
Estee Lauder:		M	
Lilia White Contour:			Y
Lil-lets:			Y
Neutrogena:	W		
Nicholas Labs Almay:		M	
Numark:	W		
Nurse Harvey:		M	
L'Oreal Belle Colour:	W		
Color Glow:		M	
Elnett:	W,	M	
Peaudouce:			Y
Proctor & Gamble Pampers:		M	
Revlon Flex:	W		
Richardson-Vicks Moncler-Derma:			Y
Rimmel:			Y
Robins Chapstick:		M	
Roc:		M	
Helena Rubinstein:		M	
Yves Saint Laurent:		M	
Sanatogen tonic wine:	W,	M	
Vidal Sassoon:		M,	Y
Schwarzkopf:		M	
Seven Seas Healthcare:		M	
Sterling Health Wet Ones:		M	
Marie Stopes:			Y
Tampax:	W,		Y
Thompson Aqua Ban:		M	
Bran Slim:		M	
Vichy:		M	
Vitalia:		M	
Wella:		M,	Y
Zena Cosmetics:			Y

ON TV NEXT WEEK

G Grampian	U Ulster	STV Scotland (Central)
B Border	G Granada	Y Yorkshire
C Central	A Anglia	HTV Wales & West
CTV Channel Islands	TSW South West	TVS South & South East
LWT London Weekend	TTV Thames Television	TT Tyne Tees
C4 Channel 4	Bt TV-am	

Alberto VO5 Alive:	TT,C,A
Alberto VO5 styling mousse:	TTV,STV
Askit powders:	TVS
Aspro Clear:	All areas
Cidal:	Bt
Comtrex:	All areas
Cussons Pearl:	All areas
Duracell:	All areas
Empathy:	All areas
Ever Ready batteries:	All areas
Hills balsam:	G,Y
Hills pastilles:	Bt
Johnson & Johnson baby shampoo:	All areas
Karvol nasal decongestant:	All areas
Lotussin:	TTV,C,Y,Bt
Mu-Cron:	LWT,TTV,TVS,STV,Y
Numark promotions:	U
Nicholas-Kiwi Odor Eaters:	A
Revlon frequent-use Flex-shampoo:	Bt
Robitussin:	C,G,Y,STV,HTV,TVS,TT
Scholl thermal insoles:	All areas
Seba-med:	C,G,STV,HTV,TVS
Simple:	C4(TTV,C,A,STV,Y,TT,U,B,TVS)
Strepsils:	All areas
Super Poligrip:	All areas except STV
Super Tuff Odor Eaters:	A
TCP throat pastilles:	C,G,Y,TT
Tixylix:	All except U

Comfitts Natureform footwear

All the popular styles ...at popular prices

Comfitts really are proving popular with retailers and their customers because they combine fashion with comfort and competitive prices with quality.

- Hardwearing, lightweight polyurethane soles
- Super soft cushioned insoles
- Leather uppers, fully adjustable
- Attractive packaging and P.O.S. stands
- Competitive prices — up to 45% profit on return
- All year round availability from stock

Contact Sue Wilson for wholesale stockist list, colour brochures and prices.

VINAFLEX LTD., Wanlip road, Syston, Leicester LE7 8PD Tel Leicester (0533) 696131 Telex 34485

Made in England

"New Dr White's" ST heralds across-the-range packaging

Lilia-White are launching Dr White's Maxi press-ons into the high absorbency sector of the sanitary towel market. The new sanitary towel heralds the company's new approach to sanpro marketing in which the Dr White's range will be given a common branding.

The towels are available in medium to heavy flow absorbency in pack sizes of 10s and 20s and incorporate new technical features: a widely spaced double track adhesive system, a wrap round polythene backing, plus, says the company, "a high level of absorbency without excessive bulk, comfortable protection with rounded ends and a soft cover."

The packs will retail at £0.67 for 10s and £1.25 for 20s but a £200,000 launch promotion will offer 10s at £0.55, with a 15p coupon, and 20s at £0.99, with a 25p coupon.

Maxi is aimed at the woman aged 25+ who needs a high performance towel. It has exceeded even our expectations in an exhaustive research programme," says Tim Straker, group product manager for Dr White's towels. Lilia White say that in a test using over 300 women 83 per cent said they preferred the new brand when compared with their regular sanitary towel.

Further research conducted by the company has revealed that one third of all women use more than one type of sanpro product during their period. In response to this finding Dr White's looped towels and Fastidia are shortly to be re-packaged to make the range more unified.

Packaging for the Maxi press-ons will feature a pink stripe, while looped towels are identified by a blue stripe and Fastidia by a green. Branding on the recently launched Contour tampons will also be strengthened in the new livery.

New on-pack absorbency symbols tell the consumer what degree of protection is provided. "Packaging for the Dr White's range is modern, feminine and striking, reflecting a common Dr White's branding while still achieving a distinct product identity, targetted at specific sectors of the market," says Tim Straker.

"The Dr White's name symbolises reliability, comfort and security. We believe that we are uniquely placed to offer the consumer a range which covers all the major product sectors and all period needs," says Philip Barnes, marketing controller.

Maxi will be backed by a £1.2m support programme, which will include promotions, sampling and advertising in the women's Press. Advertising will feature the full Dr White's range and the launch of Maxi. A direct sampling campaign will take place through the Press and leaflets in store.

In addition to common packaging the Dr White's range will feature a chart giving advice to the consumer on the Dr White's products most suitable for her. This will also appear in advertising.

Lilia-White are positioning Maxi in the £27m high performance sector of the sanitary towel market. The company says that 33.6 per cent of all press-on towels sold are supersize and that overall it has 29.7 per cent of the total towel market. *Lilia White Ltd, Alum Rock Road, Birmingham B8 3DZ.*

Colour on TV

Elida Gibbs will be promoting Harmony Colour foam with an £850,000 national television campaign through-out and early March by point-of-sale leaflets, composite displays and showcards. *Elida Gibbs Ltd, PO Box 1DY, Portman Square, London W1A 1DY.*

Vestric on the air in February

Vestric will promote the following products on independent radio throughout February.

All Clear shampoo, Body Mist 2 (roll-on and aerosol), Born Blonde, Elastoplast, Empathy shampoo, Gillette Blue II and Contour, Harmony hairspray, Imperial Leather soap, Impulse, Joba styling mousse, Macleans toothpaste twinpack, Loving Care colourant, Paddi-Cosifits, Pennywise, Palmolive rapid shave, Libresse, Recital, Signal toothpaste, Silvikrin hairspray, Tampax and Vivas.

They will appear on every independent radio station except Capital, and in the Daily Mirror, Daily Mail, and Daily Record.

There are also specials on Buf-Puf gentle, Fresh & Dry (25 per cent extra), Gold Seal batteries and Timotei twin-packs. The Vantage own-label range will also be featured.

Vestric have just signed a deal to distribute Maws baby feeding products. Maws will also provide the Vantage feeding bottle and teat. *Vestric Ltd, West Lane, Runcorn, Cheshire WA7 2PE.*

Yeast-vite..by the hundred

Beecham Proprietaries-Medicines have introduced a 100 tablet pack for Yeast-vite. It will supplement the slide pack of 20 tablets, and the 50 tablet drum.

The introduction of the 100 pack is based on a growing trend towards the purchase of larger, economy packs, the company says. Each pack contains three to four weeks supply and retails at £2.50. Beecham claim brand leadership for Yeast-vite in a market which they estimate to be worth £7m. *Beecham Proprietaries-Medicines, Beecham House, Great West Road, Brentford, Middlesex TW8 9BD.*

Trial Endocil

Chefaro are introducing trial sizes for their Endocil moisturising cream, lotion, and skin cleanser next month.

The moisturisers appear in 15g tubes, with an RRP of £0.90. The skin cleanser offers 50ml for £1.30. *Chefaro Proprietaries Ltd, Science Park, Milton Road, Cambridge CB4 4BH.*

Clairol push

Clairol are mounting a merchandising and promotional drive for their Clairol colourants range.

Plan-o-grams showing optimal shelf layouts and merchandising units for the whole range are available plus in-store leaflets with a 40p off coupon. Further details from Clairol representative *Bristol-Myers Co Ltd, Stamford House, Station Road, Langley, Bucks SL3 6EB.*

The Piz Buin caption on p146 (*C&D*, January 19) should have read "Classic Brown".

Sunsilk I
The M

BIGGEST BRANDS ✓ BIGGEST SALES ✓ BIGGEST PROFITS

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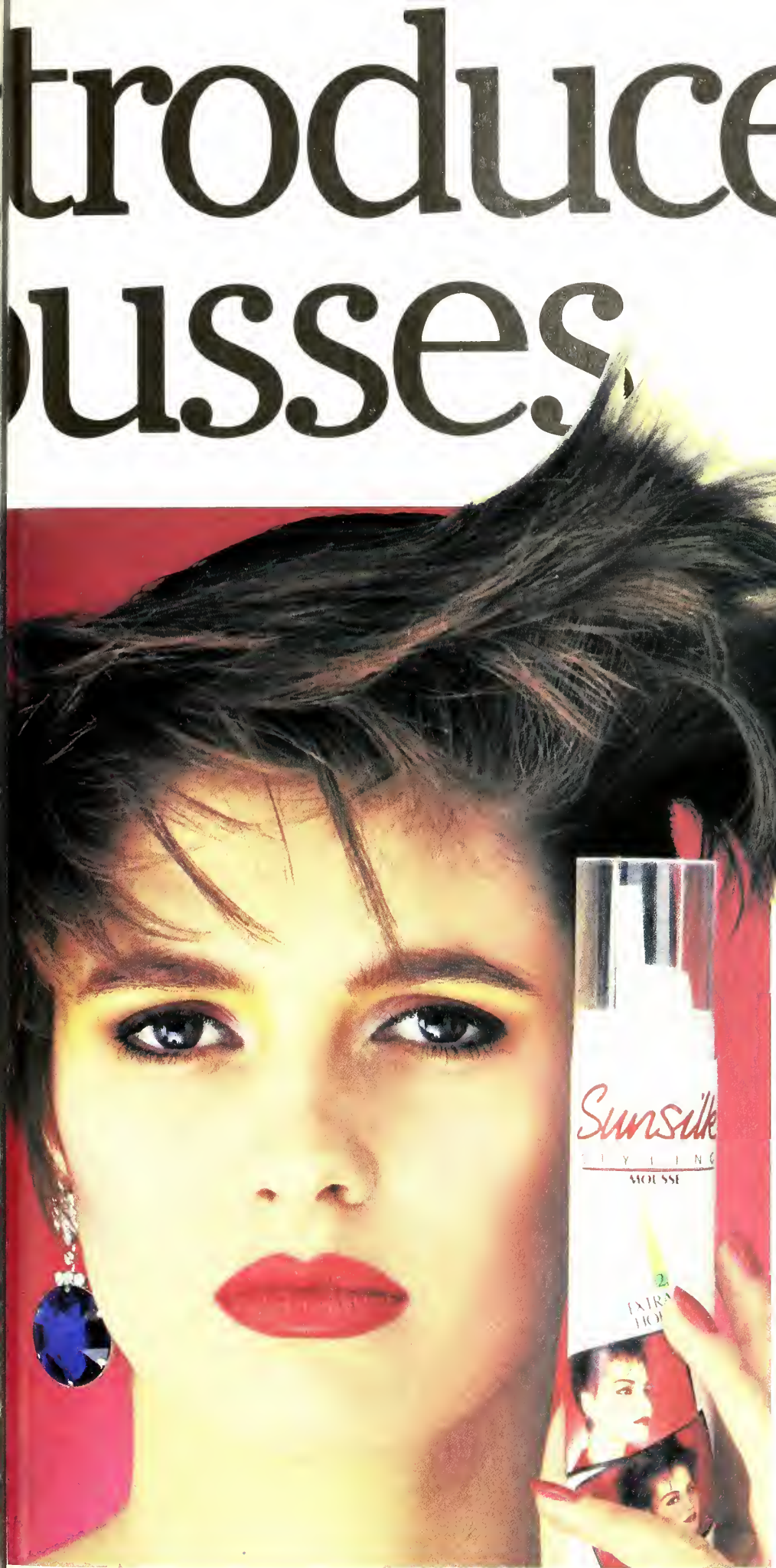

Now Sunsilk, the leading name in haircare, brings you new Sunsilk Styling Mousse.

Our two variants: Regular Hold for body and volume, and Extra Hold for more daring hairstyles, are sure to expand the market with new users!

And we'll be backing the launch with a total support package of $1 million, which means women everywhere will be introducing themselves to moussing – Sunsilk style!

So now that you've met our mousses, stock them! And say 'hello' to new profits.

ROM THE BIGGEST NAME IN TOILETRIES. ELIDA GIBBS

Optrex aim to open eyes

The Optrex range is to have a new look for 1985 — packaging for lotion, drops and ointment will feature a graded "vignette" effect and the introduction of a red halo around the logo. The formulations remain unchanged.

The new packaging, which Optrex say will improve visibility at point-of-sale while retaining the essential elements of their historical design style, will appear in the first half of the year.

Optrex say their brand is a worldwide household name, and accounts for 80 per cent of sales in the UK eye care market. They aim to strengthen brand leadership with a £1m advertising programme, primarily using television during the mid-Summer peak sales period. Optrex's Eye Dew will also receive Press advertising support. *Optrex Ltd, PO Box 94, Nottingham NG2 3AA.*

Hair today...

Vichy have introduced a pharmacy-only range of hair removal products: a cream, mousse, and cold-wax strips.

The cream (75ml: £1.85), with an active ingredient of salt and thioglycollic acid, is described as "fast acting, and with a light, pleasant perfume." The mousse alternative, with added aloes, offers 150ml for £1.95.

Vichy's wax strips, "ideal for those with more vigourous hair growth" remove both hair and root, so that growth re-occurs only after 3-4 weeks. Each box (£3.75) contains six re-usable strips. *Vichy (UK) Ltd, Ashville Trading Estate, Nuffield Way, Abingdon, Oxon OX14 1TJ.*

Enter Clifford the dragon

A dragon called Clifford is going to be helping sell mouthwash next month.

Warner-Lambert Health Care are to put a national equivalent of £1m in television advertising behind Listerine and Listermint. The campaign starts on February 4 and runs in London and Granada areas on Channel 4 until September. It is predicted to expand the market by 30 per cent in both areas.

The commercial features cartoon character Clifford the dragon created by Richard Williams, animator of the Pink Panther cartoons.

Between them Listermint and Listerine take a 60 per cent share of the £6m cosmetic mouthwash market, claim *Warner-Lambert Health Care, Southampton Road, Eastleigh, Hants.*

Cussons give men a new look

The Cussons For Men range is getting a new look and fragrance.

The repackaging uses a design theme in red, white, charcoal and grey for the whole range but shaving products will be mainly white with the talc and anti-perspirant in charcoal. The anti-perspirant also has a "more effective formulation." Aftershave and brilliantine are in clear glass bottles with white and grey labelling respectively. Cussons have also introduced a new fragrance which is standard across the range.

Sales and marketing director Colin Hession says: "The relaunch is a significant investment for us at the mass market end of male toiletries, considered to be worth £152m a year at rsp. The range is priced to be a viable alternative to own-label products which, as buyers will know, have to be sourced from many different suppliers. Our range offers the added value of Cussons' recognised quality and brand name."

Pharmacists can order the products in dozens, except for Shavestick (2 dozens), with a free supershave (£0.75, 150ml) for every outer ordered. *Cussons (UK) Ltd, Kersal Vale, Manchester M7 0GL.*

Spot tissues

Wimpharm are launching Phisohex medicated tissues for the treatment of skin areas prone to spots and acne. The tissues are impregnated with salicylic acid 0.5 per cent in a self-drying, cleansing solution.

A lime green and white tub contains 50 pop-up white tissues, approximately 8 by 5½in, retailing at £1.97.

Winpharm say salicylic acid has a local anti-inflamatory action. It also increases the turnover of epithelial cells and decreases their cohesiveness in and around the hair follicle. This unblocks pores and enhances the drainage of comedone content.

Winpharm recommend the tissues are used on affected areas two or three times a day. If undue redness or soreness develops, the usage rate can be reduced.

For best results Winpharm say the tissues should be used with Phisohex antibacterial skin wash to reduce the risk of infection, and Phiso-ac medicated cream to mask and treat individual spots.

On-pack information includes the message "Ask your pharmacist's professional advice on skin care."

Phisohex medicated tissues are GSL but will be sold only through pharmacies. They carry the usual Winpharm 33.3 per cent margin with additional introductory and regular promotional bonuses. *Winpharm, 1 Onslow Street, Guildford, Surrey GU1 4YS.*

£2 million + on national TV means even bigger profits.

Sensodyne Toothpaste is the No. 1 profit maker and brand leader in the chemist sector. And whilst most other brands have been declining, Sensodyne has grown at an unrivalled rate.

Add the fact that Sensodyne sales always respond dramatically to TV advertising, and you'll see why our new £2 million National campaign is guaranteed to set your till ringing.

Mint Flavour SENSODYNE TOOTHPASTE for sensitive teeth

The secret of our success is that Sensodyne's unique formula works. Nearly every dentist in Britain recommends it.

So order now, and make sure you stock and display both fresh Mint and Original Sensodyne.

Ask your Stafford-Miller representative for details of special terms.

SENSODYNE TOOTHPASTE for sensitive teeth

Or phone us direct on Hatfield 61151.

SENSODYNE TOOTHPASTE

THE BRAND LEADER. THE PROFIT LEADER.

Stafford-Miller Ltd., Hatfield, Herts. AL10 0NZ.

CONSUMER PRESS

SALES

PROFIT

NANA PRESS-ON TOWELS AND PANTY LINERS ARE A TOTALLY NEW CONCEPT IN FEMININE PROTECTION BECAUSE EACH TOWEL IS INDIVIDUALLY WRAPPED. SO THEY'RE SMALL AND UNOBTRUSIVE YET ABSORBENT, COMFORTABLE AND SECURE.

WOMEN WILL ADORE THE BEAUTIFULLY DISCREET NANA PACKS, AND APPRECIATE THEIR HYGIENICALLY-SEALED PRACTICALITY.

THE PERFECT PRODUCT TO POP INTO A POCKET, PURSE OR HANDBAG.

WITH A MULTI-MEDIA, NATIONAL ADVERTISING CAMPAIGN WE BELIEVE WE'VE THOUGHT OF

BEAUTIFULLY DISCREET HYGIENICALLY SEALED INDIVIDUAL LITTLE PACKS TO KEEP YOUR CUSTO

RADIO

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EVERYTHING, TO MAKE NANA PRESS-ON TOWELS AND PANTY LINERS YOUR NEXT NO1 BRAND FROM PEAUDOUCE.

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TELEPHONE: 0992 445522

NANA JUST FOR YOU

OMFORTABLE CONFIDENT AND SECURE.

Stylish gelle's six-appeal

Swanson & Swanson are reinforcing their position in the hair care market with the launch next month of Louis Colbert styling gellé (100g, £1.25) following the introduction of styling mousse last year.

The gellé contains conditioner and features the same six variants as the mousse — camomile for blonde hair, chestnut for dark hair, henna for auburn hair, plus three other variants for over-washed, dull, and damaged hair. The natural additives are said to "enliven" hair colour.

The packaging which, says the company's Robert Proops, is "plain yet elegant", is aimed at the female sector of the market although the company hope it will have unisex appeal.

"A lot of the products in the market are alcohol-based and tend to dry the hair too quickly, with the result that dandruff forms — ours is a water-based gellé," says Mr Proops.

An introductory offer (£0.99) runs to the end of March.

Two 100g bathsoaps in a see-through pack (£2.95) offer a saving of £0.95 — fragrances are black orchid, venetian rose and royal carnation. The guest soap presentation pack, introduced for Christmas 1984 will also be available at £2.95 — a saving of 55p on its original price.

Guest soaps in black orchid and royal carnation are also available at £2.95 (£0.55 off). Both of these offers will be available from March 1, while stocks last.

The company is hoping to expand and extend independent chemist distribution through a build up their salesforce. They are negotiating to buy a toiletries company and intend to take on agency lines.
Swanson & Swanson Ltd, 1 Kildare Gardens, London W2 5JS.

Lotussin on TV

Lotussin is being advertised for the first time on television. A £500,000 campaign running nationally for five weeks, on TV-am, Yorkshire, Central and London, started on January 21.

The 30-second commercial on the theme "Family cough relief starts here", features computer graphics which Searle say gives a "high tech" style to emphasise the clinically proven ingredients.

Keith Quick, product manager, says: "The cough market is currently estimated at £34m, with sedative preparations accounting for half. Sales of Lotussin have doubled over the last 10 months making it one of the few growing brands in an otherwise static market.

"The television campaign will result in higher consumer awareness and improve the brand's performance even further."

Window displays and POS material with the "Stop coughing" road sign theme, and a display card on the "do's and don'ts" of taking and storing medicines are available from *Searle Consumer Products, Division of G. D. Searle & Co Ltd, Land End Road, High Wycombe, Bucks.*

Wipes a barrier to skin damage

Translet barrier wipes have been introduced by Franklin Medical to help protect the skin against damage from adhesive appliances and dressings.

The wipes consist of a large, very soft fabric impregnated with a solution, which when applied to the skin, deposits an invisible protective film.

Franklin Medical say that over 60 per cent of people with an ileostomy or colostomy stated that the Translet barrier wipe protected their skin against the reddened, weeping or sore skin commonly found around their stoma.
Franklin Medical Ltd, Turnpike Road, Cressex Industrial Estate, High Wycombe, Bucks HP12 3NB.

Henara duo

Henara have introduced a travel pack (£1.96) for holiday hair care.

The pack twins Jojoba frequent shampoo with Jojoba sun and sea conditioning protective hair lotion (both 100ml bottles). Special bonuses on orders will be available to chemists, say *Henara Hair Health Ltd, Classic House, 174 Old Street, London EC1V 9BP.*

Pharmacies only for US glasses?

A range of reading glasses for sale in pharmacies is being introduced by Wickersley Optical Ltd.

The Vision Aid range is made in the USA by Pennsylvania Optical who claim to have 85 per cent of the US reading glasses market.

Eight styles will be introduced initially, retailing from £11.50 to £13.50, the latter Adjust-it glasses having adjustable earpieces for a comfortable fit. The company plans to introduce two photochromic styles (£19) in the summer. An assortment of glasses cases retail from £1.25. The glasses have identical lenses for each eye and come in eight strengths from 1.25 to 3.25 dioptres. They must be sold against a recent prescription from a registered optician or GP.

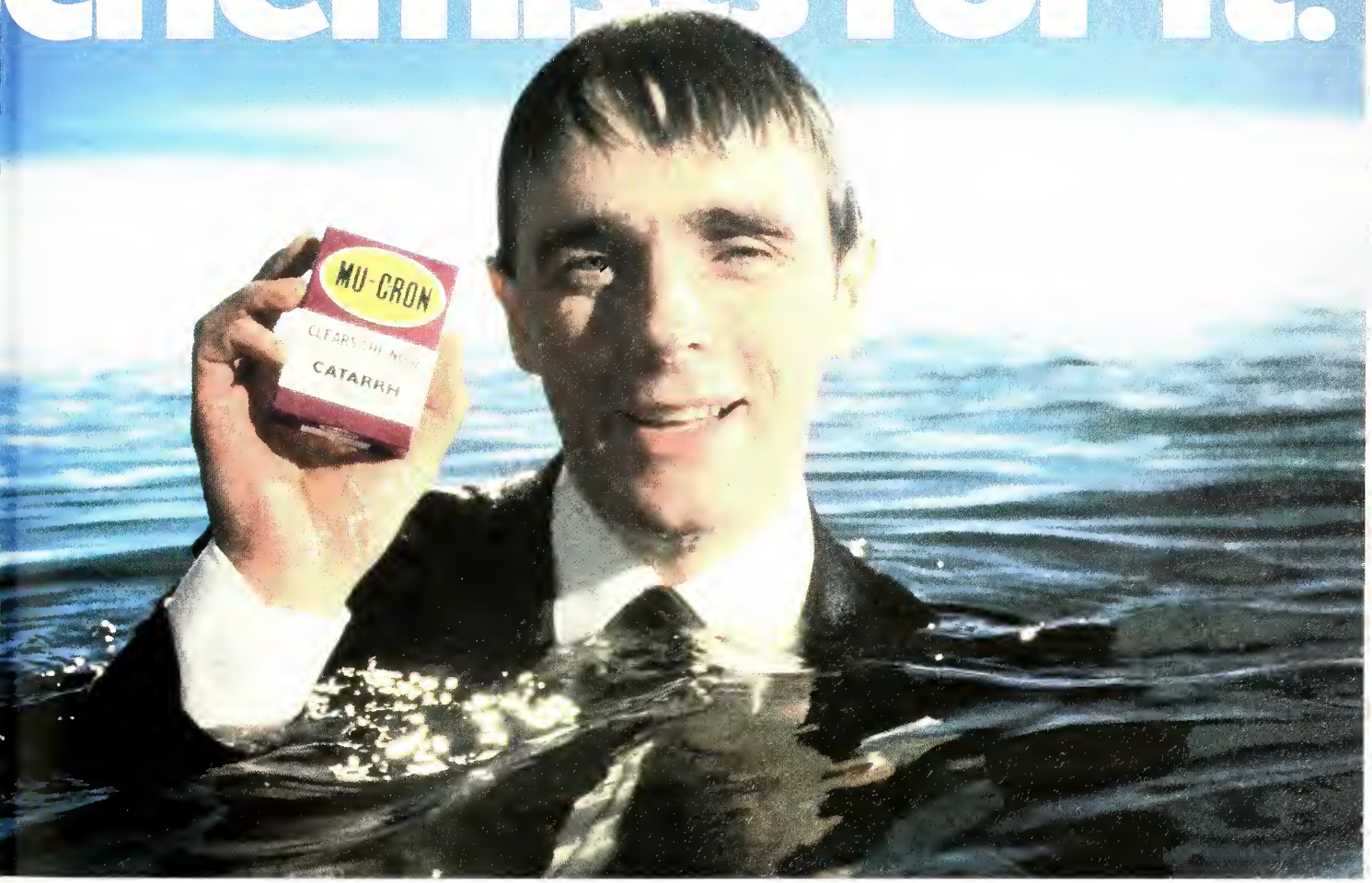
The range can be displayed on four-sided or six-sided counter or floor stands. The smallest takes 40 pairs (£297.20) with a resale value of about £500.

When reasonable distribution has been achieved, Wickersley Optical plan to advertise in local newspapers, listing the names of stockists. They will be available only to pharmacies and possibly department stores. *Wickersley Optical, 40 Wood Lane, Wickersley, Rotherham.*

HR take on HC5

Marketing and distribution for HC 5 bran and HC 5 bran plus has been taken over by the products' manufacturer *HR Health Care Ltd, 135 Elgin Street, Hereford.*

Sinus sufferers everywhere are diving into chemists for it.



Look what Ciba have come up with. The right commercial (Underwater Man) for the right product (Mu-Cron) at the right time (now).

And as we're running the commercial until the beginning of March, all you need is a plentiful stock of Britain's leading decongestant, in the right place.

MU-CRON [P] PRESENTATION: Strip-packed tablets containing phenylpropanolamine hydrochlor 25mg: guaiphenesin 32mg: prep. ipecac 11mg: paracetamol 250mg.
DICATION: To relieve symptoms of paranasal sinusitis, nasal congestion, perennial rhinitis and catarrh. DOSAGE: Adults: 1 tab two or three times daily: max 3 tabs in 24 hours. Children: 0–12 yrs, use Junio
-Cron Syrup; 12–15 yrs, 1 tab twice daily. CAUTION: Do not give to patients with hypertension, hyperthyroidism, diabetes, heart disease or those taking MAOIs. SIDE EFFECTS: Rarely dizziness, headache

Tampax
a new range

(Legal tender i

Tampax are now issuing a set of three holiday promotion packs with a face value of £50.

Any of your customers who books a holiday and sends us 8 holiday tokens (4 on 40s boxes and 1 on 10s boxes) from the special packs will g a £50 shopping voucher.

And so will you because the voucher can only be spent in the sto where they usually buy tampons.

Apart from the free £50 shoppi

introduce of £50 notes.

your store only.)

pree, they also have a chance to win
5 holidays each worth £1,000.

Only the best selling brand in
ne health and beauty market could
fford to be as generous.

But it'll be money well spent, making Tampax even more popular.

So fill your shelves with the new packs and then start filling your cash till with £50 vouchers.

You'll feel as if Tampax have given you a licence to print money.

Nana 'press-on' in STs

Nana individually wrapped press-on towels and pant liners are being launched onto the UK market by Peaudouce.

The company says the brand could revolutionise the sanpro sector: "What press-on towels did to loops, Nana will do for press-ons," says marketing manager, Jeremy Waldron. "With Nana we are not claiming any real technical innovations in the towel itself, which is a regular absorbent slim towel with triple adhesive backing. What the range does is provide a new image — its fashionable."

The individual polythene wrapped slim press-on towels and pant liners, folded in three, are being sold in packs of 20, priced at £0.95 and £0.59 respectively.

Peaudouce believe that existing brands fail to offer the consumer sufficient discretion or portability. "With Nana's bright, modern packaging we have taken ST's away from the 'ssh don't talk about it image' which they have traditionally been associated with, and made them brash but at the same time discreet — a fashion item rather than a sanitary towel," says Mr Waldron.

Nana comes to the UK from France where they have been available for two years and claim a 26.5 per cent share of the slim towel sector. The brand will continue to be manufactured in France.

Peaudouce say they took over brand leadership of the disposable nappy sector in Spring last year, and are confident of another winner. "Our success with Babyslips is due in the main to our continuous policy of product innovation. With Nana we are trend-setting again," says Mr Waldron.

The company are not new to the sanpro market, having launched Lovmi press-on towels in 1983 but these have limited distribution. "For the first time there is a true alternative to tampons," comments Mr Waldron.

Peaudouce believe that a major change in consumer attitudes in recent years has caused a switch to press-on towels which, with an estimated worth of £47m pa, they claim to be the largest market category.

The launch will be supported with a £1m introductory programme. Advertising aimed at what Mr Waldron describes as "young thinking women," will break in early March and run through until mid-Summer in the women's Press and young interest magazines. Around 1.3m 20p coupons will be distributed through the Press advertising and competitions; giveaways, promotions and free offers are also promised. There will also be continuous advertising on key radio stations and on the London Underground.

A trial pack containing three towels, one pant liner and a 20p off next purchase coupon will retail at £0.15, while stocks last. A special counter top/shelf display carrying 30 trial packs is available.

On the educational side there will be a "Girl Talk" booklet providing information on menstruation and sanitary protection, which will be distributed through schools, clinics and magazines. Peaudouce are also setting up an advisory service at their head office in Hertfordshire.

POS material featuring the Nana graphics of bows and spots in bright colours, includes shelf barkers, window stickers and shelf wobblers. Nana is available on transfer order through wholesalers and tactical salesforce are offering special launch deals. *Peaudouce (UK) Ltd, Rye Road, Hoddesdon, Herts EN11 0EL.*

Twins by Jordan

Jordan, distributed by Alberto-Culver, are offering a twin pack of their toothbrushes until March or while stocks last.

Double packed in see-through outers, the brushes on offer are Jordan V-tuft in hard and medium at £0.99p for two (normal retail price per unit £0.75p) and V-tuft Junior, Jordan double action and shorthead at £0.89p for two, giving a saving of 41p on the double pack.

A special display unit is available for POS which contains 4 × 6 twin packs of adult V-tuft in hard and medium, and 2 × twin packs of adult V-tuft soft and Junior V-tuft.

TV advertising with a spend of £1m is scheduled for February and March. *Alberto-Culver Co, Houndsmith Industrial Estate, Telford Road, Basingstoke, Hants RE21 2YX.*

Double take?

Stafford-Miller are predicting their television campaign for Dentu-creme will repeat the success of last year's campaign.

A total of £1m is being spent on the brand in two bursts: the first from February 18 to March 17 and the second from July 29 to September 1, showing in all areas, says the company.

Last year the brand share in chemists and drugstores grew to over 13 per cent sterling as a result of advertising, despite no movement in the £23m denture cleansers market overall, say *Stafford-Miller Ltd, Stafford-Miller House, The Common, Hatfield, Herts AL10 0NZ.*

Predictor predict a Colour 'storm'

Chefaro Proprietaries are confident their home pregnancy testing kit — Predictor Colour — will take the home test market by storm.

The kit is claimed to be 99 per cent accurate giving results in 30 minutes.

It uses a technique known as sol particle immunoassay (SPIA). The key reagent of the test consists of specific monoclonal antibodies to human chorionic gonadotrophin (HCG) adsorbed on to gold particles. This is reconstituted using a buffer solution before the urine sample is added. The reaction between the antibodies and any HCG in the urine is made visable as the gold sol is effectively destroyed and the solution colour changes from magenta to almost colourless.

Although results can be read in 30 minutes, positive results begin to show within 10 minutes, say Chefaro. The test remains accurate and readable for another two hours. It is sensitive to 150 iu HCG per litre and is recommended to be used four days after a missed period, although a positive result can be determined from two days, says the company.

The new test is not seen as replacing the existing high sensitivity Predictor. Indeed experience from Finland and the USA, where Predictor Colour was launched early last year, suggests the product will grow the market, with use of the existing test remaining strong, says product manager Marianne Harris-Bridge.

Full POS material is available and women's Press and tube card advertising are promised for the product. *Chefaro Proprietaries Ltd, Science Park, Milton Road, Cambridge CB4 4BH.*

People prefer Beatson Glass

The Pharmaceutical Industry calls for containers which give long term protection to contents. In a recent Marplan survey,* 81% of respondents felt that glass protected medicines and tablets more effectively than competitive materials.

Beatson Clark is the pharmaceutical industry's natural choice for glass packaging. Beatson Clark produce over 300 million containers per year in white flint and amber for the industry, with capacities varying from 10 ml. to 2,500 ml. If a product needs glass, you need Beatson Clark.

Contact us now for more information.
Beatson Clark plc, 23 Moorgate Road, Rotherham, South Yorkshire S60 2AA.
Telephone: Rotherham (0709) 79141.
Telex: 54329

* See 'The Consumer and FMCG Packaging' published by The Glass Manufacturers' Federation, 19 Portland Place, London W1N 4BH.

BEATSON GLASS MAKES BRAND LEADERS

Beatson Clark plc

Clairol hair colour. You've either got it

This year, there's one hair colour company that's going to give you a head start o the rest. Clairol.

We're already leaders with a market share of 34%. And a range of products to s every need. In 1985 we intend to increase our lead in a big way.

We've put together a whole list of support packages to make this your best year yet Clairol sales.

Or you haven't.

There's free stock display recommendations. Free in-store leaflets with a 40p off romotion. Co-operative local advertising. The Clairol Colour Computer promotion.

And free Clairol information packs made specially for taff education. Your Clairol representative has full details.

With Clairol hair colours your bank balance will urn a beautiful shade of black this year.

HAIR COLOURS FROM

CLAIROL

FLYING COLOURS FOR YOU

Clairol is a trademark. Author-set user finish.

BEAUTIFUL FACES DON'T GET LEFT ON THE SHELF.

In the year since relaunch, Endocil sales have grown by over 30%.
This year we're giving the range more support than ever before, with a striking and original campaign in women's press, plus a TV area test, backed up in-store with new display material and trial size packs.
See your sales executive soon for details.

Clearasil still spot-on after 25 years

In a sector which can claim to be one of the fastest growing in the skin care market and, one which usually is characterised by short product life cycles, Richardson-Vicks' Clearasil has retained its brand leadership since the mid-1970s. This year the brand celebrates its 25th anniversary. *C&D* talked to group product manager, Garry Honey, about Clearasil's history and future.

Clearasil cream was acquired in 1959 by Richardson Merrell (later to become Richardson-Vicks) and launched nationally in the UK in 1960. Like other spot creams Clearasil contains sulphur to act as a keratolytic agent to promote exfoliation of the skin and an anti-bacterial agent. In addition it contains an oil absorbing agent.

The success of the cream was followed by the introduction of a medicated soap containing an anti-bacterial agent, which is today market leader in its sector, say Richardson-Vicks. An increased awareness of the connection between greasy skin and the formation of spots led, in 1966, to the launch of the first medicated cleansing lotion, which last year comprised 40 per cent of the sales of Clearasil.

With a 25-year track record, Clearasil has been the "salvation" of three generations of spot-ridden teenagers. "Teenagers buy anything once, but whether they keep on buying it is another matter. The product performance is very important. That so many products have disappeared from the market, stands as testimony," says Mr Honey.

"Clearasil's success over the years is not just due to its efficacious formulation but also to our ability to adjust the brand's position to the changing needs of teenagers. In a market where consumers are traditionally fickle it has been important to ensure that Clearasil changes with the times."

In 1985 Richardson-Vicks are able to claim an 80 per cent consumer awareness for Clearasil, with four out of five teenagers knowing Clearasil by name and three out of five having used it at some time. That is not to say, however, that the company has got it right all the time and not had lessons to learn along the way.

In reaction to a number of new products being launched on to the market in 1979, not least Richarsdon-Vicks benzoyl peroxide based Topex and also their Biactol with propylene phenoxetol introduced in 1978, Clearasil was re-positioned.

With Topex aimed at the slightly older teenager (15-17 years) and Biactol targeted at a male audience, Richardson-Vicks decided to present Clearasil as a range of female problem-solving toiletries. The brand was re-named Clearguard and the formulation was "softened." In the same year a cover stick was introduced.

The re-positioning was not to prove a success. Says Garry Honey: "We weren't getting optimum use out of what the brand had to offer. We had softened the formulation too much and over-priced the product. So much so that the traditional Clearasil user became dissatisfied with the Clearguard product."

What had happened in the late seventies was that the market had polarised so that at one end there was the high efficacy treatment products (eg Topex) and at the other pole — cosmetic formulations. Clearasil stood in the middle of the two extremes, and, with a downturn in consumer expenditure, the product began losing its share of the market.

Return to roots

In 1983 Clearasil returned to a proven therapy-based strategy, with the loss of the Clearguard name and the emphasis on higher efficacy formulations in lotion and cream. "The brand needed to get back to its heritage — a value for money, no nonsense, respected product," says Mr Honey.

A new package design kept the familiar triple-headed logo in two-tone blue. In addition a new product — deep cleansing milk — was launched to meet specific demand for a cleansing product for combination skin containing an anti-bacterial agent to prevent spots. This allowed the acetone containing lotion to be re-positioned for greasy skin.

Clearasil first went on television in 1973 and it is an advertising medium which Richardson-Vicks have used repeatedly since. "Much of the brand's success can be attributed to the fact that we have projected its image as having authority without being authoritarian, which is particularly important with a teenagers' product. But a lot of purchases are made by mothers so it must at the same time be appealing to an older audience," says Mr Honey.

In a market which is estimated to be worth £15m in 1984, Clearasil claimed a 35 per cent share. But far from resting on their laurels, the brand is out to gain an even bigger chunk of the market with the help of a Clearasil routine trial pack (£0.95) containing trial sizes of soap, cream and either milk or lotion.

Plans to celebrate their 25-year anniversary include a competition in the women's Press, in-store displays and a consistent television presence. "Throughout 1985 Clearasil will continue to offer the most comprehensive product range available in it's sector. Strong media exposure will guarantee that Clearasil retains a high level of awareness," says Mr Honey.

And what of the future? Mr Honey believes that a change in consumer attitudes which has evolved over the last 20 years will result in an all-in-one product which does everything, from cleansing to treating. "There will always be a need for problem-skin products — what will change is their format. In time the market will accept a product which challenges the conventional regime and of course Richardson-Vicks will be in the forefront.

"We are seeing a move away from strong, high efficacy products with a concurrent increase in sales of Clearasil, a stronger-gentler approach. There is also a trend towards wash products as opposed to treatment products," says Mr Honey who denies that the market has peaked.

"A lot of consumer education has been done in the last 20 years with the result that the age the teenager realises the importance of skin care is coming down all the time."

In a changing World...

LIMITED LIST PRESCRIBING

Attack and counter-attack

IN the campaign of attack and counter-attack which has characterised the bitter argument between Government and industry over the proposed limited list scheme, the Association of the British Pharmaceutical Industry has issued a point-by-point ... sent to Conservative ... Secretary of ...

ABPI says: "No othe... versal, efficient, and ... system like the NHS ... cine cost control sch... ment of Health's ph... ulation scheme. Bu... per head per ann... The correspondin... France, Germany ...

LETTERS TO THE

Limited list prescribing

From Mr M. J. Line

SIR,—I wish to place ... expressed by a recent br... Health Minister's attemp... cines available through ... Service.

The economic effects o... cy are not at this stage eas... resolution was reached.

However, the meeting ... the proposals. In particul...

DHSS ... despite ...

By ... The ... [illegible]

Attitudes on list still polar...

Two months on from the announcement of the limited list bombshell, the ABPI, GMSC and PSNC state their respective positions as the January 31 deadline for consultations approach.

It is now almost two months since Norman Fowler announced the controversial proposals to introduce the limited list ...

Ministers consult on ...

LIMITED LIST PRESCRIBING

Dispensing doctor gives drug sales warning

General ... improv... Gene... Micha... Chemi...

The ... the rang... patients. ... to it can w... is the ... the Minis...

Think ...

...you can depend on WinPharm

Announcing two new additions to the WinPharm 'pharmacy-only' range

PanaCron nasal spray & tablets

In a changing world, you can depend on WinPharm to continue their search for prescription-pedigree medicines to add to your range for counter-recommendation.

The latest additions to the highly successful Panadol range — PanaCron nasal spray and PanaCron tablets, offer really effective treatment for nasal congestion, sinus headache and catarrh; three problems about which the pharmacist's advice is frequently sought.

PanaCron

your new 'counter recommendations' for Nasal congestion & Sinus headache

NEW product from WinPharm

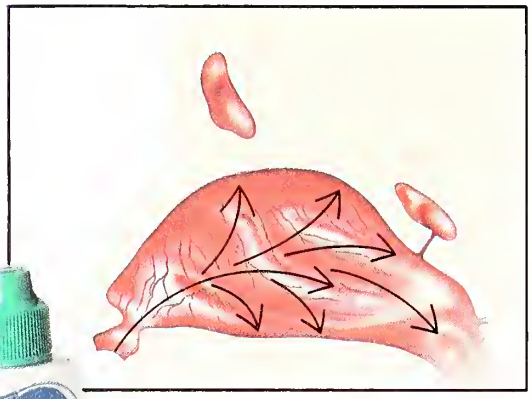
When your customers complain about

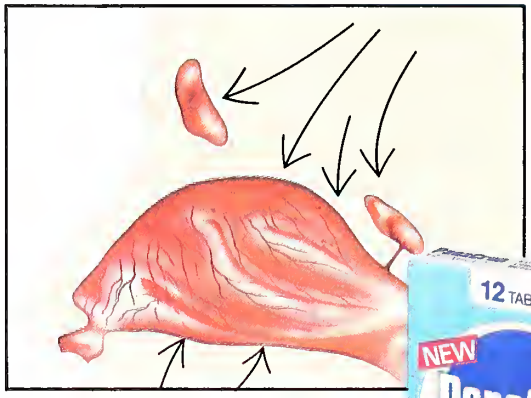
'Blocked up noses'
'Stuffy headaches'

Recommend the DUAL action of

PanaCron nasal spray & tablets

Your new 'counter recommendations' for Nasal congestion & sinus headache





PanaCron Nasal Spray
Provides rapid & long lasting relief from nasal congestion due to colds & catarrh.

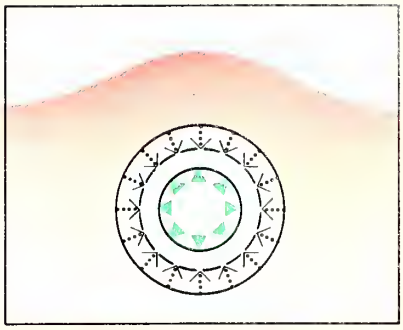
PanaCron Tablets
PanaCron tablets for the relief of sinus headache, nasal catarrh & associated pain & discomfort.

PanaCron decongestant nasal spray contains: Oxymetazoline hydrochloride 0.05% w/v in an aromatic spray base with menthol, camphor and eucalyptol. Contents 15ml e

Each PanaCron tablet contains: Phenylpropanolamine hydrochloride BP 12.5mg. Paracetamol Ph. Eur. 500mg.

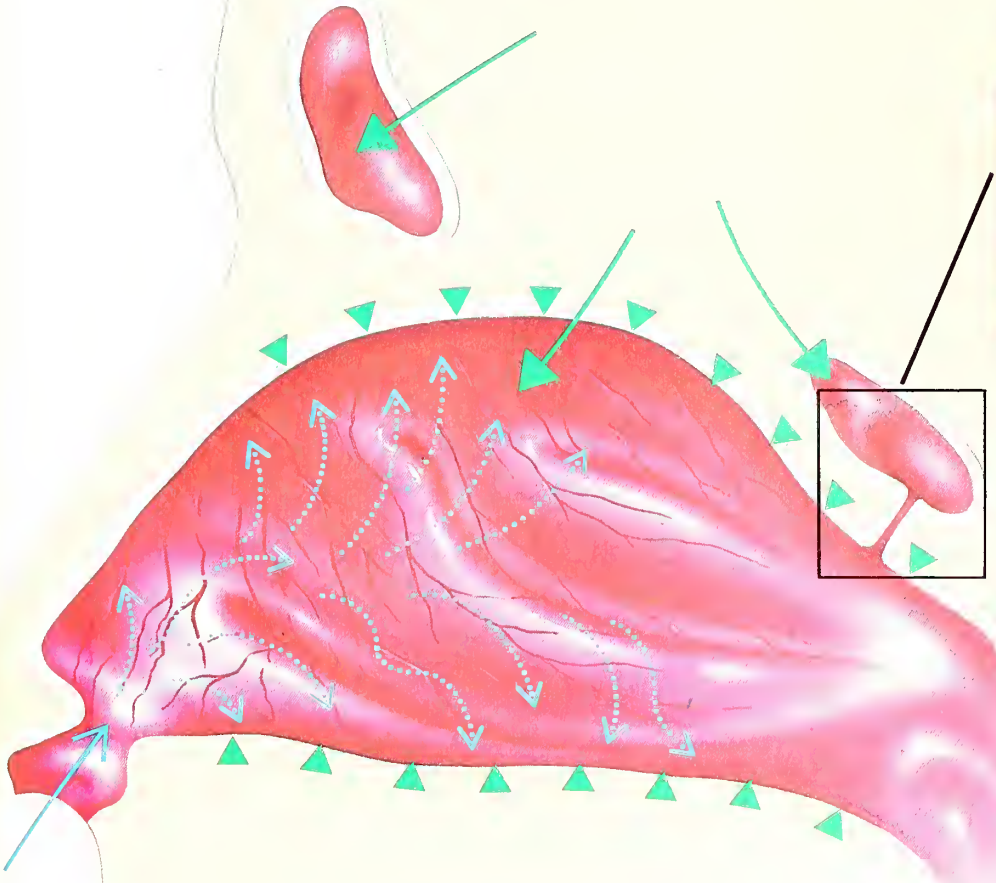
Systemic relief

PanaCron tablets contain an effective analgesic dose of paracetamol to soothe away headaches and facial pain. Phenylpropanolamine is included as a peripheral vasoconstrictor to reduce congestion in the mucosal linings of sinuses & air passages.



Systemic vasoconstriction

Reduced sinus congestion



Dual action

PanaCron nasal spray and PanaCron tablets can be used together to particulary good effect.

Pharmacy-only

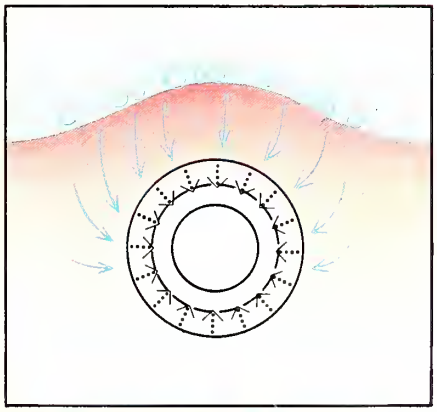
Like all WinPharm products both PanaCron nasal spray & tablets are designed for exclusive pharmacy-only distribution and are not available through any other outlets.

'WinPharm' margins

They guarantee a standard 33⅓% profit on return plus an introductory and regular promotional bonuses. This compares with the 25% return more usually obtained on products that are also distributed through grocers and drug stores as well as through pharmacies.

In a changing world, PanaCron nasal spray and tablets offer you the professional and financial rewards of an effective counter recommendation.

Local vasoconstriction



Topical relief

PanaCron nasal spray contains oxymetazoline which produces marked vasoconstriction resulting in effective mucosal decongestion, clearing the air passages & reducing discomfort. Oxymetazoline has rapid local onset and up to 12 hours duration of activity.

PanaCron

Nasal spray & Tablets

Two new additions to the WinPharm 'pharmacy-only' range for counter-recommendation

WinPharm Working with pharmacy for a healthier future

"PanaCron" is a registered trade mark. Full information is available from WinPharm, Sterling-Winthrop House, Onslow Street, Guildford, Surrey, GU1 4YS. Telephone (0483)

NEW
Product from
WinPharm

Announcing
pHisoHex
medicated tissues

Your new 'pharmacy-only' counter-recommendation for Spots & Acne

Specially formulated to treat areas prone to spots and acne

pHisoHex Medicated Tissues are impregnated with salicylic acid in a self drying, cleansing solution. Salicylic acid has local anti-inflammatory action, and also brings about increased turnover and decreased cohesiveness of epithelial cells in and around the hair follicle. This unblocks pores and enhances the natural drainage of comedone contents.
Regular use at least twice daily over a period of time greatly improves control of blemishes in skin prone to spots and acne.[1]

1. Double-blind investigation of salicylic acid solutions in the treatment of acne vulgaris.
Data on file Winthrop Pharmaceuticals.

Convenient to encourage use

pHisoHex Medicated Tissues provide an immediate, convenient & hygenic approach to the application of an effective cleansing & medicated fluid to skin prone to spots & acne, thus encouraging users to treat their difficult skin areas thoroughly and frequently.

Spots hate clean skin

For best results recommend that your customers use pHisoHex medicated tissues to treat problem areas with the general application of pHisoHex antibacterial skin wash to reduce risk of infection.

Pharmacy-only

Like all WinPharm products, pHisoHex medicated tissues are designed for pharmacy-only distribution, and are not available through any other outlets.

'WinPharm' margins

The trade margin offered right across the WinPharm range is a guaranteed standard 33⅓% profit on return plus on introductory and regular promotional bonuses. This compares with the 25% return more usually obtained on products that are also distributed through grocers and drug stores as well as through pharmacies

In a changing world, pHisoHex medicated tissues offer you the professional and financial rewards of an effective 'counter-recommendation'.

pHisoHex

Medicated tissues and Anti-bacterial wash

your counter-recommendation for clean and healthy skin

WinPharm

Working with pharmacy for a healthier future

pHisoHex wash contains: Chlorhexidine gluconate 1.0% w/w. pHisoHex tissues — active ingredient: Salicylic Acid B.P. 0.5%.
pHisoHex is a registered trade mark. Full information is available from WinPharm, Sterling-Winthrop House, Onslow Street, Guildford, Surrey, GU1 4YS. Telephone: (0483) 505515.

Implied criticism of industry rebuffed

The Government's limited list proposal will "clobber" the pharmaceutical industry, says Tim Astill, director of the National Pharmaceutical Association. "What I would dearly like is to hear a politician accepting some responsibility for the implied criticism of the industry — that it was 'ripping off' the health service."

Successive Governments had had it in their power to do something about "overcharging" through applying the Pharmaceutical Price Regulation Scheme, Mr Astill told a Winpharm symposium "The ever more important role of community pharmacy in recommendation and sale of treatments for minor ailments." The fact that Ministers had not done so must mean they bore some responsibility for whatever overcharging there might have been. "I don't accept that there has been overcharging, he said."

Mr Astill said the limited list would deprive many patients of their favourite branded medicine on prescription. The task of explaining that change would fall mainly on pharmacists. And their work in reassuring patients about medicines would be unpaid because it would be too difficult to quantify.

Mr Astill said he was reassured to learn this week that the list could include some branded products. It would have been wrong, in his view, to ignore improvements made to medicinal products by the industry.

The NPA's approach to the limited list was very similar to that adopted by other pharmaceutical organisations: the difference was of emphasis rather than degree.

Mr Astill said he agreed one must differentiate between the principle underlying the limited list, the effect that that principle would have on the foundation and framework of the health service, and the detail of the implementation of the proposals. The NPA Board was convinced arguing against the principle was a waste of time and effort — something the Board would not indulge in.

"So the Board intends to see the list provides for foreseeable clinical needs and that pharmacists take maximum advantage of the opportunity presented to them." This will not necessarily be by making additional sales or profit but by putting themselves once and for all on the public primary health care map."

NPA director Tim Astill addresses the symposium

List about cash — not health

Dr Ian Jones of Bradford University told the symposm the list stood against the principles vested in the NHS.

He did not acquiesce to the loss of that fundamental principle. Unlike others, who sought only to modify the content of the list, "The limited list is about money. It is about politics. It is not about health. It is not about clinical decisions as to what product is better than another."

He thought the profession were guilty of worrying about how the list was going to affect their businesses rather than trying to explain to the public its effect on them. Dr Jones said the list was simply a means to an end: that end was saving £100m.

List must cover all conditions

After the introduction of the limited list, there will be considerable pressure on doctors from patients to prescribe a medication still available under the NHS.

Secretary of the Pharmaceutical Services Negotiating Committee, Steven Axon, expressed this view when addressing the symposium. He said at present over 76 per cent of NHS scripts dispensed were supplied free of charge. There would be a disincentive for patients to ask for a medicine on the now expected black-list from a pharmacy when the average cost of a script (£3.75) was measured against the prescription charge.

Mr Axon said it was not at all helpful to try to estimate the loss of script numbers resulting from limited list prescribing. Pharmacists were on a cost-plus contract in which their costs were met in full so they therefore could expect fees and allowances to be adjusted (upwards) in such circumstances. The only part of chemists' remuneration dependent on the cost of drugs is the 2 per cent on-cost which is the "pure profit" element.

And Mr Axon refuted the criticism that the list would bring about a two-tier health service. This was his personal view and that of PSNC, partly because of the exempt facto already mentioned. In any case limited lists were not new to the NHS: there was already one for appliances.

The important thing was to ensure this new list had available treatments for all conditions. The limited list should not be rejected out of hand as it had been by some organisations, Mr Axon said. PSNC had accepted the principle but had given some 14 reservations.

Winpharm managing director Bernard Hardisty asked Mr Axon whether an acceptance of a limited list, but with 14 reservations, was not "fairly near a non-acceptance." Mr Axon said some of the reservations were points of clarification.

The PSNC chairman had made three reservations at the outset when he welcomed the limited list proposals at the annual dinner before the Minister for Health — the others had been arrived at later.

But significantly, although PSNC had received a lot of criticism from local pharmaceutical committees and contractors, the vast majority centred on the PSNC's list of 14 reservations.

Mr Geoffrey Booth, vice-president of the Society, asked Mr Axon the extent of the PSNC's proposed additions. Mr Axon said he could not remember the number exactly but it was "substantial and increased it by around a third."

Mr Axon said a lot of pharmacists had made the mistake of looking at what was currently prescribed and working out the number of scripts they will lose." He said PSNC didn't know what the effect of the list would be on script numbers but he would be very surprised if it were anywhere near a 25 per cent drop." The cost plus payment system was a safety factor.

BEECHAM PROPRIETARIES

Prices effective from 25th February 1985

Product Description	Sales Status	Retail Price per Unit Incl. VAT	Units per Case	Standard Wholesale Price Per Case Excl. VAT
		Pence		£
ALL FRESH				
8aby Bottom Wipes (10)	–	74	12	5.90
ASHTON & PARSONS				
Infants Powders (20)	–	73	6	2.91
BEECHAM'S PILLS				
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Large (135 Pills)	GSL	137	6	5.46
Envelope	GSL	24	24	3.83
BEECHAM'S POWDERS				
Standard (8 Powders)	GSL	78	24	12.44
Large (20 Powders)	P	132	6	5.26
Single Sachet	GSL	13	60	5.18
Tablet Form Standard (18)	GSL	88	12	7.02
Tablet Form Large (36)	P	121	6	4.82
Mentholated Standard (8 Powders)	GSL	78	12	6.22
Capsules (10)	GSL	80	12	6.38
Capsules (20)	GSL	132	12	10.52
CEPHOS				
Standard (8 Powders)	GSL	78	12	6.22
Tablets (16)	GSL	78	12	6.22
DAY NURSE				
Liquid (160 ml)	P	198	6	7.89
Capsules (20)	P	173	12	13.79
DINNEFORD'S				
Magnesia Gripe Mixture (125 ml)	GSL	86	12	6.86
ELLIMAN'S EMBROCATION				
Universal Standard (70 ml)	GSL	85	12	6.78
Universal Large (110 ml)	GSL	115	12	9.17
ENO 'FRUIT SALT' (& Lemon Flavour)				
Sachet (10)	GSL	82	12	6.54
Standard (109g)	GSL	110	6	4.38
Large (218g) (excl. Lemon Flavour)	GSL	180	6	7.18
FYNNON SALT (200g)	GSL	86	12	6.86
FYNNON CALCIUM ASPIRIN				
Standard (24 tablets)	P	90	12	7.18
Large (48 tablets)	P	144	6	5.74
GERMOLENE				
Standard tin (25g)	GSL	68	12	5.42
Large tin (70g)	GSL	121	6	4.82
Tube (27g)	GSL	68	12	5.42
Medicated Foot Spray (120g)	GSL	115	6	4.58
Medicated Plasters	–	74	12	5.90
New Skin (13 ml)	–	89	6	3.55

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		Pence		£
IRON JELLOIDS				
Standard (90 tablets)	P	158	6	6.30
Large (160 tablets)	P	250	3	4.98
MAC LOZENGES All flavours				
Tube (12 lozenges)	GSL	24	36	5.74
Carton (27 lozenges)	GSL	54	24	8.61
NAPPICARE				
Standard Nappy Cleaner (240 ml)	–	92	12	7.20
Large Nappy Cleaner (520 ml)	–	179	6	7.00
NIGHT NURSE (160 ml)	P	198	6	7.89
PHOSFERINE				
Tablets Standard (25)	GSL	79	12	6.30
Tablets Large (84)	GSL	135	6	5.38
Liquid Large (25.8 ml)	GSL	135	6	5.38
PHYLLOSAN				
Standard (new: 50 tablets)	GSL	115	6	4.58
Medium (new: 100 tablets)	GSL	188	4	5.00
Large (200 tablets)	GSL	310	1	2.06
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Cream (40g)	GSL	82	12	6.54
Stick (32g)	GSL	99	12	7.89
Spray (100 ml)	GSL	135	12	10.76
SCOTT'S EMULSION				
Medium (200 ml)	P	184	6	7.20
Large (450 ml)	P	366	6	14.32
SETLERS				
10 Tablets (1 roll)	GSL	27	24	4.31
30 Tablets (3 roll)	GSL	64	12	5.10
50 Tablets (5 roll)	GSL	91	12	7.25
100 Tablets (10 roll)	GSL	132	12	10.52
STEEDMAN'S Teething Jelly	P	95	12	7.43
SUCRETS (24 lozenges)	P	92	12	7.33
VENO'S All Flavours				
Standard (100 ml)	GSL	117	12	9.32
Large (160 ml)	GSL	157	6	6.26
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Standard (20 tablets)	GSL	80	12	6.38
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When the kidneys fail: renal disease (4)

Renal failure (RF) is, by definition, an impairment of the various renal functions we have considered so far. However, it is not a specific disease but, like heart failure, a syndrome of varying severity, with various causes and a range of typical clinical features. It also resembles heart failure in two other ways. Firstly, there are both acute and chronic forms (ARF and CRF), with often quite different causes and symptoms; and secondly, a knowledge of the cause, especially in the acute form, is essential to rational management. We will first briefly review the methods used to measure renal function and then discuss the aetiology and general consequences of renal failure, before going on to look in detail at acute and chronic renal failure.

By Mr R.J. Greene and Dr N.D. Harris, department of pharmacy, Chelsea College, University of London.

Investigating and monitoring renal function

Because of the many complications of inadequate renal performance, it is clearly very important that the state of renal function can be assessed accurately. We also need methods of discovering any structural abnormalities, whether anatomical or histological.

Biochemical methods are the principal means of measuring renal function. Simple routine examination of the urine for glucose, protein, blood cells, pH, etc, may provide evidence of a qualitative nature, particularly valuable for screening, but this is not sufficient for the close monitoring of renal function in renal impairment. Adequate renal function may be defined as the maintenance of various fluid and electrolyte balances and the excretion of waste. Thus the most helpful measurements are those of blood pH and urea, and serum levels of potassium, sodium, bicarbonate and creatinine. Blood and urine osmolarity are also important. The term *uraemia* (abnormally high blood urea) is almost synonymous with renal failure although strictly speaking it only describes one particular consequence.

Creatinine clearance, expressed in ml per min, is also important, since it is approximately equal to the glomerular filtration rate (GFR) and can easily be calculated from serum creatinine and the 24 hour urinary creatinine excretion. However, 24 hour urine collections are not always easy to organize.

From a consideration of blood urea, serum creatinine and GFR the *degree* of renal failure can be estimated. It should be fairly clear by now that renal failure is not an absolute condition. It is perfectly proper to talk of *mild* renal impairment, for example, or *severe* renal failure. By using these biochemical indices we can monitor the progression of CRF, or the response of ARF to treatment.

The structural integrity of the urinary system is usually investigated radiographically. The urinary tract and kidney are visualized by following the excretion of a radio-opaque dye after injection; this is called an *intravenous pyelogram* (IVP) or *intravenous urogram* (IVU). The older *retrograde urogram,* where the dye is instilled into the urinary tract following catheterization, is now rarely used. Instead there are a number of other, more sophisticated tests which may be used, including ultrasound and CT scanning, which can show details of the internal structure of the kidney. In particular, any obstruction will be revealed by these tests. The histological basis of any renal damage may be determined by biopsy.

Aetiology of renal failure

Conventionally the causes of RF are classified according to whether they arise within the kidney itself or are a result of external factors such as urinary tract obstruction or impaired renal blood perfusion. A list of the commonest causes of renal failure is given in table 1.

Post-renal failure is perhaps the simplest type, both to understand and to treat. Various forms of obstruction are possible but only those involving the bladder or urethra are likely to stop urine flow completely *(anuria)* because simultaneous obstruction of both ureters is rare.

Usually the neck of the bladder (at the point of outflow) is involved, either because there is some anatomical defect or a neuromuscular abnormality of sphincter control. Occasionally a renal stone *(calculus)* may lodge here too. Another possibility is a tumour, either in the tract or else pressing on it from another pelvic organ; in men, the commonest cause of obstruction is benign prostatic hypertrophy.

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Surgery is usually the only remedy for this type of problem. Of course, obstruction does not invariably cause renal failure.

Pre-renal failure: The kidney is highly dependent on its blood supply at an adequate pressure for effective functioning. Thus any severe or prolonged reduction in renal perfusion will compromise function and cause some degree of failure.

The impaired perfusion may arise in two ways. The first is in *shock,* which is usually *hypovolaemic,* eg after burns, haemorrhage or severe trauma, but may also be *cardiogenic,* ie following heart failure. This causes a condition sometimes known as *acute tubular necrosis.* The second way is as a result of a *local obstruction of the renal arteries,* as in malignant hypertension, renal thrombosis, or atherosclerosis. (These latter renovascular causes are sometimes considered as being in the category below). Probably shock and acute heart failure are the commonest causes of *acute* renal failure.

Renal renal failure, (not as tautologous as it might appear) is most commonly associated with *chronic* renal failure. Many diseases with widespread systemic manifestations, such as diabetes, may affect the kidney just as they do other organs (see table 1). In addition, the kidney is more prone to the toxic effects of drugs than are most other tissues, because when excreting them high local concentrations build up in tubule cells. This accounts for nephrotoxicity being a relatively common adverse effect. Glomeruli too are very sensitive structures, and seem particularly prone to immunological damage. Glomerulonephritis (GMN) is one of the commonest of the known causes of CRF.

General effects of renal failure

An understanding of the effects of RF on the body is best gained by considering the result of impairment of each individual renal function. We identified these in the first renal article (*C&D* October 13, 1984, p679).

Endocrine malfunction would usually take some time to produce symptoms, and is best left until a detailed discussion of CRF. However, the impairment of *excretory* and *electrolyte balance* functions is immediately noticeable. Furthermore different diseases may affect different parts of the nephron, with predictably different effects.

Consider first the glomeruli; their principal function is filtration. Thus glomerular disease usually reduces the filtration rate (GFR), and this in turn reduces flow through the tubules. Consequently, the overall efficiency of the kidney is reduced, resulting in *oliguria* (reduced urine output), *uraemia* (elevated blood urea) and *hyperuricaemia* (elevated serum uric acid). Also, since less sodium is delivered to the distal tubules, less is available for exchange with potassium or acid. Now since this exchange is the usual mechanism for the secretion of these ions, both potassium and acid are retained, resulting in *hyperkalaemia* and *acidosis.* In addition, structural damage to the glomerulus may permit a leakage of protein molecules, giving the *proteinuria* seen in GMN. Glomerular damage can result from most of the aetiologies listed in table 1.

Tubular damage by itself causes quite a different picture. Since the prime function of the tubules is re-absorption, the main result if they are not functioning properly is *polyuria* (excessive urine production), since the normal filtered load is not re-absorbed so efficiently. Because of this polyuria and reduced absorption, there is a loss of a number of substances normally retained, such as glucose, phosphate and potassium. The excess loss of potassium will eventually cause *hypokalaemia.* Thus the results are almost the opposite of glomerular dysfunction, ie increased losses rather than retention. However, since the tubular secretory function is impaired, there is a retention of certain substances, notably acid; in fact acidosis is the only feature common to both glomerular and tubular dysfunction. Tubular damage results mainly from "renal" causes, particularly inflammation, infection and nephrotoxicity.

When these two types of dysfunction co-exist, the net clinical effects will depend upon the relative degrees of damage. This is clearly illustrated by the clinical course of most cases of ARF. Typically, ARF first presents with oliguria of fairly rapid onset, and hyperkalaemia; thus the picture is primarily that of glomerular damage. Although the tubules are also damaged, the impaired reabsorption is not apparent at this stage, since it is masked by the reduced filtration rate. This so-called *oliguric phase* lasts about two weeks. Provided the cause of the failure has been rectified (eg perfusion restored, heart failure corrected) the glomeruli seem to recover by then without apparent ill effect. But the tubules take much longer to recover, and there follows a *diuretic* or *polyuric phase* which is accompanied by hypokalaemia, and which may last up to six months. Here, clearly, we have a pattern of predominantly tubular dysfunction.

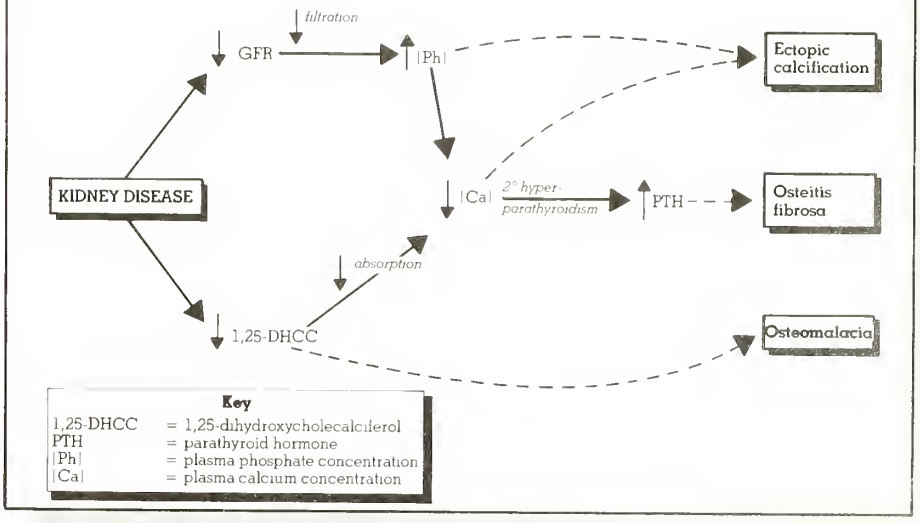
Acute renal failure

As we have seen, ARF is most commonly secondary to acute circulatory failure, ie its origin is pre-renal. Less common causes are acute nephrotoxicity or drug hypersensitivity, acute GMN and acute pyelonephritis.

Provided that the underlying cause is rapidly rectified, the condition is, theoretically, fully reversible. However, it is such a very serious condition, with its causes usually carrying a high risk in their own right, that even when treated ARF has a mortality of almost 50 per cent. Untreated, the mortality is much higher, around 90 per cent, so rapidly does severe renal dysfunction compromise life.

Symptoms are usually rather non-specific. They will depend largely on the cause of the failure, and the haemodynamic and/or osmotic consequences. Uraemia itself is directly responsible for many of the more uncomfortable symptoms of RF, eg nausea, vomiting, diarrhoea, and pruritis. However, urea has few if any severe toxic effects. The lethargy and general CNS depression of RF may be due partly to osmotic imbalance and partly to the retention of as yet unidentified toxins.

Figure 1
Renal bone disease — a simplified picture



The *management* of ARF, aside from prompt treatment of the underlying cause where possible, is essentially symptomatic and supportive. The strategy is to maintain normal fluid and electrolyte balances until the kidney eventually recovers, if it can. This usually requires the special skills and facilities of an intensive care unit (ICU). A wide variety of clinical problems may arise, and each must be promptly and vigorously treated. It will be best to consider each feature individually.

The principal consideration is the fluid and electrolyte balance. Without treatment there will usually be *hypervolaemia,* with the haemodynamic effects (eg hypertension, potential heart failure) we have already discussed. To minimise the accumulation of fluid, sodium and potassium, fluid intake is restricted both orally and parenterally, and the diet is reduced in salt and potassium. A strict fluid balance chart (a record of all fluid intake and output) is kept and daily serum electrolyte determinations are done.

If the original cause of the RF was circulatory insufficiency, due, for example, to haemorrhage, then a patient will at first probably be *hypovolaemic.* In this case careful volume replacement is indicated, usually in the form of plasma or a "plasma expander" such as dextran. These will increase the intravascular volume since their macromolecular constituents do not diffuse out of capillaries, so that water is retained osmotically and circulating fluid volume and blood pressure are restored. This will tend to restore renal function.

Metabolic *acidosis* due to acid retention may be cautiously treated with IV sodium bicarbonate, having due regard for the sodium and fluid intake. The treatment of *hyperkalaemia* to prevent cardiotoxicity will depend upon its severity; the various possible strategies have already been discussed (*C&D* November 24, 1984, p949).

To counteract the *uraemia* and the build up of other nitrogenous waste, the diet is low in protein, with calories made up by increased fat and carbohydrate (the "Giovanneti" diet).

Often these specific approaches are insufficient to correct the metabolic picture, and uraemia, hypokalaemia and acidosis persist or accelerate. With improved facilities, the tendency nowadays is for temporary dialysis to be started promptly (we will discuss this technique in a future article). This eases the dietary restrictions and allows aggresive protein nutrition, which has been found to prevent a negative nitrogen balance developing and greatly improves prognosis.

Chronic renal failure

Chronic renal failure presents a quite different pattern to that of ARF. Its onset is usually insidious, with gradually deteriorating renal function. Frequently there are few symptoms, and those that do occur are vague and non-specific: the patient may just feel tired, run down and vaguely "unwell". After some years like this the patient may go into sudden decline, known as "end stage renal failure". At this point, which may be the first time that their renal condition comes to the attention of a physician, the GFR will be less than one-tenth of normal (10ml per min rather than 120) and blood urea above 30mmol per l (normal = 4-6). Renal damage is usually by then irreversible.

Alternatively, there may be a medical history of recurrent GMN or pyelonephritis, or the patient may be a diabetic or an undiagnosed or poorly managed essential hypertensive.

In all cases the renal deterioration is equally remorseless. CRF can arise in any of the general ways (pre-renal, renal and post-renal), but the commonest specific causes seem to be chronic GMN and chronic pyelonephritis. However, since patients present so late, and histological damage is by then so advanced, it is often not possible to identify a specific cause. Many cases are simply classified as "CRF of unknown origin" or "? GMN".

Pathologically, the picture is also less clearly defined than ARF. There is usually a simultaneous and persistent mixture of both glomerular and tubular dysfunction. The pattern seems to be that of the fairly rapid decline of small numbers of individual nephrons, successively, rather than a slow decline of all simultaneously. This differs from what seems to happen in ARF, where all nephrons seem to be affected to some degree simultaneously.

Management too, is much more complex than for ARF, and its aims are different. There is usually no question of treating the original cause, nor little hope of even retarding the progress of the disease. The aims are to correct and stabilize fluid and electrolyte balances, to start long-term maintenance strategies, and to combat endocrine abnormalities. Depending on the stage at which patients present they may be maintained for variable periods by conservative dietary methods, but all will need dialysis or transplantation eventually. The latter will usually eliminate most if not all the patient's problems. Patients on dialysis still need careful management to ensure good health between treatments. Moreover the endocrine abnormalities are not rectified by dialysis.

Clinical problems and their management: Because of the wide variety of clinical problems, the management of CRF can be very complex. Only the general strategy is reviewed here, and summarized in table 2.

As with ARF, the chief problem is fluid and electrolyte imbalance. The picture varies, but there is often *polyuria, thirst* and possibly *hypovolaemia* (ie hypotension, weakness, dizziness) in the earlier stages. This may not be diagnosed as a renal problem for quite some time. The polyuria and hypovolaemia seem to be due in part to an osmotic diuresis brought about by the high concentrations of urea handled by those nephrons which remain fully functional. Despite this the *net* excretion of urea is of course inadequate and there is uraemia. Later, sometimes with abrupt onset, there will be a severe oliguria and at this stage dialysis will very soon be essential for life.

Because of the inter-relationship between blood pressure and renal function, there is more usually *hypertension,* particularly if there is also hypervolaemia. This may be due to high renin or aldosterone levels but these are not always found, and a full explanation remains elusive. It is treated in the usual way, but *sodium restriction, fluid restriction* and *spironolactone* may be more effective than they are in essential hypertension. Heart failure is also a potential complication of the hypervolaemia.

Generally, sodium, potassium and water intake need to be matched to output: in the polyuric phase they must be taken freely, but when oliguria later supervenes they are severely restricted. *Acidosis* and *hyperkalaemia* are common in CRF, and treated in the usual way. *Diet* is extremely important, *protein restriction* being

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necessary to minimize serum levels of urea and other nitrogenous waste which cause the dermatological, gastro-intestinal and possible neurological problems discussed above. Obviously, protein restriction poses considerable problems for diabetics who cannot easily replace these calories with fats or carbohydrates. The alternative strategy of protein loading, as in ARF, is sometimes used but remains controversial.

Although there is a tendency to *hyperuricaemia,* symptoms of gout are not common. *Allopurinol* would be the logical choice for this, although it is not one of its acknowledged specific indications, and it must be used with care in renal failure because of its predominantly renal clearance.

Endocrine abnormalities: The endocrine problems are perhaps the most resistant to treatment. Lack of *erythropoietin* causes haemopoietic depression resulting in a sometimes severe, iron-resistant normocytic (normal cell shape) anaemia which can only be treated by intermittent transfusions. Even so *iron* and *multivitamins* are often given, but as general nutritional supplements rather than anti-anaemia therapy.

Disorders of the *renin/angiotensin* system probably contribute to hypertension at some stage, as already discussed.

The worst endocrine abnormality is caused by the disturbance of *vitamin D metabolism.* We do not presently have a satisfactory explanation of *renal osteodystrophy* (bone disease). It involves a combination of *osteomalacia* and *osteitis fibrosa* (softening of the bones due to decalcification) and *ectopic calcification* (deposition of calcium at various sites around the body). A simplified view of various complex mechanisms involved might perhaps be described like this (see fig 1): The reduced GFR causes phosphate retention and a rise in plasma phosphate; this produces a fall in plasma calcium (the body's attempt to keep the [Ca] × [Phosphate] solubility product constant). However, the adjustment is imprecise and results in a precipitation of calcium phosphate at various sites. At the same time, impaired vitamin D metabolism results in reduced calcium absorption from the GI tract. The low plasma [Ca] causes reflex hyperactivity of the parathyroid gland *(secondary hyperparathyroidism)* and this tends to accelerate bone decalcification, whilst the reduced vitamin D activity impairs proper bone calcification. The muscle weakness and twitching commonly seen in CRF may also be due to hypocalcaemia.

Either, *1,25-dihydroxycholecalciferol* or *1-α-hydroxy cholecalciferol* is given as a vitamin D supplement, but this does not fully prevent the problem, so the process is evidently more complex. To combat the dangerous hyperphosphataemia, *aluminium hydroxide* (eg as the mixture or in capsule form) is frequently given. This is not absorbed, but binds phosphates (passed into the gut as part of the normal gastro-intestinal secretions) as insoluble aluminium phosphate, which cannot be re-absorbed; thus the phosphate is lost in the faeces. For patients with a high degree of fluid restriction — and many CRF patients even on dialysis are limited to 500ml per day — the mixture might supply more than half their daily water ration, and so the capsule formulation is used. With such high doses there is always a risk of aluminium toxicity (including bone disease, dementia and anaemia), which must be monitored.

In summary, a CRF patient will need strict attention to fluid, sodium and potassium intake, both before starting on dialysis, and between dialysis treatments. Medication will usually be iron/folic acid, multivitamins, antihypertensives such as β-blockers, 1-α-hydroxy cholecalciferol and aluminium hydroxide mixture or capsules. There may be other concurrent disease which requires medication, and there also seems to be an increased tendency to infection. All this medication must be viewed in the light of its nephrotoxic potential and the patient's diminished renal clearance. The problems of dosage adjustment in renal failure requires considerable skill, and is an area where the clinical pharmacist can make important contributions; however, it is too large a subject to be dealt with here.

The authors would like to thank Dr J.R. Curtis, consultant nephrologist, Charing Cross Hospital, for his helpful comments during the preparation of this article.

Table 2
Some of the potential clinical problems of chronic renal failure and their management

Site	Pathological feature	Signs/Symptoms	Possible management
BLOOD	Uraemia Creatinine ↑ Mild hyperkalaemia	GI disorders (qv) ? Cardiac arrhythmias	Diet: ↓ protein ↑ carbohydrate ↓ Na, ↓ K
	Uric acid ↑ Acidosis Erythropoietin ↓	Gout Tachypnoea Anaemia	Allopurinol $NaHCO_3$ Transfusions
URINE	Urea excretion ↑	Polyuria Thirst	Adequate fluid intake
CNS	Dehydration	Drowsiness, confusion	
BONE	Renal osteodystrophy Ca ↓ Phosphate ↑	Fractures, various systemic lesions	1,25-dihydroxy-cholecalciferol, aluminium hydroxide
CVS	Aldosterone ↑	Hypertension	Spironolactone, ↓ Na intake
GI	Uraemia	Nausea, vomiting	Diet
SKIN	Uraemia	Pruritis	Diet

Sweet dreams and nightmares

I wonder how many pharmacists, having read the latest advertisements for Sominex (promethazine — Beecham) marvel, as I do, at the hypocritical lip service paid by this firm, and others of like ilk, to OTC Pharmacy medicines.

If, like me, you read the "Independent Grocer Guide to Home Medicines" in October 1984 you will appreciate the stupendous efforts which Beecham Proprietaries, Sterling Health, Nicholas, ICC and Reckitt & Colman put into getting their "grocery OTC products" into non-pharmacy outlets. That publication also included a full guide to suppliers and a *therapeutic index* to enable grocers to "counter-prescribe" with confidence.

Other pharmacists will already appreciate that by counter-prescribing promethazine in the form of Phenergan we can not only show Beecham the folly of their courtship with grocers but can, by the same token, give some degree of "thank you" to May & Baker who have consistently supported pharmacy down many decades. Indeed we can also do the same for Parke-Davis by supplying Benadryl 25mg for insomnia. In the present political climate, and with March fast approaching, both these firms can use all the support we who remember the CF scheme can muster.

Perhaps next time Beecham Proprietaries have a bright idea they would consider asking their local pharmacist first!

David K. Rayner,
Bradford.

Limitations on pharmacy

As the letter from Mr N. Wood in a recent issue illustrates very graphically, the profession is in for a very rough time indeed, unless we all bring pressure to bear on the leaders of our various organisations to do their utmost on our behalf in negotiations with the DHSS.

Does anybody really believe that an essentially uncaring Ministry that is prepared to impose a thoroughly ill-balanced and unreasonable limited list upon prescribers will compensate contractors for the many millions of pounds worth of dead stock that will litter pharmacy shelves the length and breadth of these islands from April 1 this year?.

Does the Pharmaceutical Services Negotiating Committee really think the DHSS is receptive to most of its aspirations as detailed in the Pharmacist's Charter?

What will really happen as manufacturers and wholesalers start to run down their stocks of currently permitted medicines in the months leading up to April 1? Where are the vast quantities of suddenly now all-allowed, and, for many years, unprescribed and unwanted medicines to come from?

In truth, we must all urge PSNC to ensure that contractors are not left in the invidious position of being unable to supply the medicines that patients have come to rely upon in the relief of their illnesses, nor of having to try and explain to often old and confused patients why they cannot have these medicines.

Perhaps, more importantly, for contractors it must bring real pressure to bear upon the Ministry to prevent prescribers' terms of service from being manipulated so that not only rural but even urban GPs become able to sell to patients those medicines that they are currently prescribing. This would do even more to eliminate pharmacy as the competition that some of them perceive us to be, rather than a sister profession in the health care of this country's ill and needy.

Allan D. Asher,
London E18.

Three blue posters, carrying the messages: "Don't let anyone else take your medicines!", "Keep medicines in a safe place!" and "Don't hoard old medicines!", are available for display in pharmacies from *Dista Medical Information Service, Dista Products Ltd, Kingsclere Road, Basingstoke, Hants RG21 2XA.*

PSNC's list stance queried

I am appalled at the decision of the PSNC to accept the limited list — this surely questions their position as negotiators.

This move has far-reaching implications not only for the future of pharmacy, but for the future of the NHS as a whole. I cannot believe that such weighty decisions can be taken without consulting the profession as a whole.

Our first concern must obviously be for the standards of health care in this country. We all have patients who will suffer hardship as a result of this move. We can identify them now, and the facts must be presented to the powers that be, before it is too late.

The list is quite obviously the thin end of the wedge and although I can appreciate the argument that it will lead to growth in the private sector, I fear that in the transitional period there will be much hardship to patients.

Further, there will be the inevitable closures as more pharmacies are pushed over the edge by the fall in prescription numbers.

To add insult to injury, I understand that we are not even to be reimbursed for our dead stock — a triumph indeed for our negotiators!

I appeal to the PSNC to endorse the stand taken by the BMA and ABPI and resist the list — by the turn of the century you may have no profession to negotiate for!

M.H. Smith,
Callington, Cornwall.

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Macarthys' profits up despite rationalisation

Macarthys' pre-tax profits rose 12.5 per cent to £2.1m in the six months to October 1984, on sales up 2.8 per cent at £143.9m. Rationalisation in their wholesaling operation will continue into 1986, says chairman Alan Ritchie.

Profits were up for the company's pharmaceutical distribution and veterinary divisions. Pharmaceutical manufacture, surgical products and the group's retailing operation all showed lower profits than in 1983.

Sales in pharmaceutical manufacturing reached £3.07m (£2.8m), distribution £113.9m (£111.8m), surgical £10.1m (£10.8m), retail £13.5m (£12.4m), and veterinary £11.2m (£9.7m).

Pharmaceutical manufacturing profits were £224,000 (£269,000), distribution £1.6m (£1.1m), surgical £354,000 (£396,000), retail £173,000 (£309,000), and veterinary £336,000 (£314,000).

Restructuring and rationalisation in pharmaceutical distribution, including redundancy payments arising from the closure of two depots, cost the company £161,000 in the six months covered.

Savory & Moore, the group's retail arm, were given a facelift in 1984, with more attention paid to promotion, merchandising and shopfitting. Sales in the six months to October showed less of an increase than hoped, but Macarthys believe the action taken will still stand them in good stead in the long term. "Our turnover increases since give us confidence for the future" says Mr Ritchie.

Macarthys Laboratories also incurred considerable setting-up costs with a factory added at Harold Hill, Romford. Results for the full year should be in line with budgets, however.

The year as a whole should also show a better picture for the surgical division.

Turning to the limited list, Mr Ritchie points out that it will affect only one month of their accounting period. "But it is possible that stock reduction by pharmacists in anticipation of the list may reduce wholesale turnover during the next few months."

...but Barclays are down

Barclay & Sons' results for the first half of 1984-85 show sales rising slightly from last year's £39.46m to £39.91m. But profits were down on last year's £194,000.

Barclays would not give an exact figure but managing director Mike Hennessey said: "Our margins are under pressure, partly because of the effects of the suspension of manufacturers' price increases. We've made no headway in profitability this year."

"Given all the market circumstances," added financial director Chris Ferris, "we are reasonably satisfied."

As for parent company Dixons, group pre-tax profits for the half-year are up 64 per cent to over £12.5m on sales up 31 per cent at £212.1m. Chairman Stanley Kalms said this was due to "impressive growth in sales and profits" in the retail division and to the processing division "which has again achieved major improvements in profitability and further increased its share of the mail-order market." The results do not include Currys acquired by Dixons for £248m last month (*C&D*, December 8).

Unichem's preliminary results for 1984, announced last week, show sales up by 10.5 per cent at £368m, while Vestric's sales for the year to June 1984 rose by 16 per cent to £325m.

Grylls' Bill runs out of time

Tory MP Michael Grylls' Private Members Bill to cut red tape for small businesses looks to have lost its chance of becoming law.

It was given an hour's debate in the Commons last week, but was "talked out" by the preceding debate on glue sniffing.

The Bill would have required Government departments to make small businesses exempt from legal restrictions where possible, and to make annual reports to Parliament on their progress.

"This is not a request for partisan legislation" Mr Grylls told MPs. "What the Bill pinpoints is that the costs and benefits of legislation should be under continual review, and that there should be justification for all legislation."

Support came from Small Firms Minister David Trippier. "I believe small businesses are busy enough without dancing to the tune of Government departments" he said.

Labour MP Paddy Ashdown added a call for legislation on discriminatory discounts. "We don't hear enough about the power of monopoly buyers" he said. "Many small retailers suffer severely because of discounts to large stores."

The Bill was rescheduled for debate on January 25, and is unlikely to get a hearing.

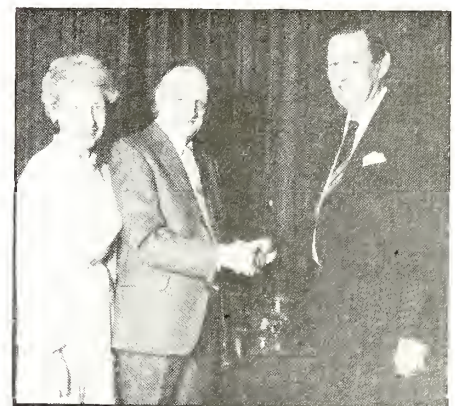
Mr Grylls says he will continue to discuss the problem with Ministers, and await Government action. A committee of civil servants is currently looking at ways of reducing the legislative burden for small businesses, and should report to Mr Trippier by the end of next month.

Kodak awards

Grunwick Processing Laboratories of Borehamwood have won a Kodak gold award for producing consistently high standards over the four months to November.

This is the fifth time Grunwick have taken a gold award. Others in Kodak's November table of merit are: Anglia Photo Works (Cambridge), Colourcare International (Downton, Liskeard and Newmarket), B. Alan Freegard (Poole), Forest Photographic (London) and Nashua Photo Products (Paignton).

The Department of Employment retail prices index for all items reached 358.5 in December 1984 (January 1974 = 100). This represents a decrease of 0.1 per cent on November 1984 (358.8), and an increase of 4.6 per cent on December 1983 (342.8).



Ron Webster (centre), manager of Vestric Middlesborough, has retired after 28 years' service with the company. Managing director Peter Worling presented Mr & Mrs Webster with a silver tea service at a dinner given by the board.

Pavion-Sangers deal unveiled

Sangers have given details of the US budget cosmetics company they announced an intention to buy last September. Pavion will cost them some £21m.

Pavion's Wet n' Wild make-up range, which includes lipstick, nail varnish and eye shadow, sells across the Atlantic at a uniform 99c.

The group also includes 7-11 Sales, and was recently rated the thirteenth fastest-growing private company in America. Sales reached $18.67m in 1984, almost double the previous year's figure, generating pre-tax profits of $3.55m. Profits for the year ending June 30 are forecast to reach at least $6m. Pavion's assets were valued at $3.03m on June 30 last year.

"Cosmetics industry sales in the US are currently expanding at 8 per cent a year," explains Sangers chairman John Briggs. "We believe Pavion is capable of further expansion in the US, where it so far has only a small fraction of a total market worth over $10bn in 1983."

Sangers will be looking at the possibility of establishing UK manufacturing or packaging facilities. Pavion sells mainly to chain and discount stores, with Woolworth their biggest single customer in the States.

The deal will be financed by an £18.4m rights issue, arranged on a one-for-eight basis, together with the issue of £9m worth of new loan stock. Sangers have agreed to pay around £15m immediately on completion of the deal, with the balance depending on Pavion's profit performance over a maximum five years.

On completion, Pavion founder Stan Acker and fellow-director Bob Fenster will join the Sangers board. Sanger's Tom Whyte becomes deputy chairman with responsibility for US activities.

Pavion's first independent audit was carried out for the year ending June 30, 1982. This means Sangers will no longer have the qualifying track record for its shares to be re-admitted to the Stock Exchange's official list (dealings were suspended last September when the Pavion deal was announced).

Sangers are applying for placement of their stock on the unlisted securities market, and say they will apply for re-admission to the main list as soon as possible.

As *C&D* went to Press, the deal remained subject to final Stock Exchange approval.

DITT retail training grants

The Distributive Industries Training Trust is offering retailers £160,000 to help with staff training.

The money will go principally to schemes designed for staff between 17 and 27. Three types of training will qualify for support in 1985: continuation after YTS, local groups and new technology courses.

Post-YTS packages aim to make young employees qualified workers within their trade. Local groups will be considered where they may help small businesses in the area, and can show support from local companies. New technology courses should look at the "social and human" side of installing new computerised systems.

The DITT, was set up with funds remaining when the Distributive Industries Training Board was wound up by Government in 1983.

Morton Middleditch, chairman of the retail sub-committee, says the trust will look to work through the various trade associations. He's currently writing to these associations.

The NPA has already applied for training grants. It is particularly hopeful that it will get funding for its regional training groups and dispensing technicians course.

DITT can be contacted at 89 Railway Street, Hertford (tel 0992 553262).

Confidence wanes in retail

Retailers expect business this month to be well up on January last year but confidence in general is on the wane.

The latest *Financial Times*/CBI distributive trades survey says that 60 per cent of retailers predict sales volume this January to be up, with 11 per cent expecting it to fall. This gives a balance of +49, a lower level of expectation than for any month last year. Wholesalers, though, are getting more optimistic — 45 per cent think sales this month will increase while only 7 per cent foresee a drop.

The survey, carried out between December 21 and January 11, consulted 334 retailers and 186 wholesalers.

Chemex moves to Earls Court

Chemex '85, the retail chemists exhibition, is to be held at Earls Court, London on September 15-17.

Some 5,200 visitors attended the 1984 show at Olympia and over 100 exhibitors have already finalised their space requirements for this year, say *Trades Exhibitions Ltd, Exhibition House, Spring Street, London W2 3RB.*

Wednesday, January 30

Slough Branch, Pharmaceutical Society, PGMC King Edward VII Hospital, Windsor, at 8pm. Dr McKelvie on "Recent advances in dermatology."

Thursday, January 31

West Metropolitan Branch, Pharmaceutical Society, Brompton Hospital, Fulham Road SW3 at 6.45pm. Dr R. Winston, Hammersmith Hospital, on 'Treatment of infertility.'

Hull Pharmacist's Association, Grange Park Hotel, Willerby at 7.30pm. Annual dinner dance.

Advance information

South West Thames Regional Health Authority, postgraduate education lectures for pharmacists, postgraduate medical centre, Kingston Hospital, Galsworthy Road, Kingston upon Thames. Series on "Problems of the genito-urinary system and their treatment." January 31, Dr D.G.C. Davidson, assistant physician SW Thames regional renal unit, on "Kidney disease and its treatment;" February 14, Dr J. Leach, consultant bacteriologist, Kingston Hospital, on "Infections of the genito-urinary tract and their treatment;" February 21, Mr D. May, consultant gynaecologist, on "Gynaecological disorders and their treatment;" February 28, Mrs Dorothy A. Mandelstam, incontinence advisor, Royal Free Hospital, on "Incontinence and its treatment." All start at 8pm.

National Pharmaceutical Association Courses:
"Let's sell." Taken by Ailsa Benson, NPA training officer. Aims to develop an understanding of customer relations and selling techniques. At Osborne Hotel, Rotherslade Road, Langland Bay, Swansea, on February 7, Post House Hotel, Wrexham Road, Chester, Cheshire, on March 14; and Novotel, Bostock Lane, Long Eaton, Nottingham, on March 20. All start at 10am. Cost £34.50 including VAT. Coffee, lunch and tea provided.
"Profit through people." By Neil Rout, manager, Pottergate Training Services. Introduction to basic management principles and skills. At Hertfordshire Moat House, Flamstead, St Albans, on March 27-28. Cost £130 including VAT for NPA members, non members £156. Includes full board.
"Photographic sales training," Kodak House, 190 High Holborn, London, April 16, at 9.45am. £28 for NPA members, £34 non members, includes coffee, lunch and tea. Applications for all courses to *Training Department, Mallinson House, 40 St Peter's Street, St Albans, Herts AL1 3NP.*

Society of Cosmetic Scientists, Hilton International, Park Lane, London W1, February 15, at 7.15pm. Annual dinner and dance with guests of honour, Lord and Lady Todd, and Marion Kelly, director general of the CTPA. Booking forms from Marshall Chambers, Mill Street, Luton, Beds LU1 2NA.

United Kingdom Clinical Pharmacy Association, Broad Green Hospital, Liverpool, February 27. UKCPA workshop "Pathology laboratory data interpretation," application of clinical chemistry data to drug related case problems. Registration fee £17 UKCPA member, £30 non-member. Information from Mr L.A.Goldberg, district pharmaceutical officer, Salford Health Authority, Peel House, Albert Street, Eccles, Manchester M30 0NJ (tel 061-707 6611 ext. 281).

Society of Cosmetic Scientists, University of Nottingham, Nottingham, March 25-27. Symposium on 'Formulating better cosmetics.' Registration fee £130 for members, £155 for non-member plus VAT. Information from Society of Cosmetic Scientists, Marshall Chambers, Mill Street, Luton LU1 2NA.

Royal Society of Chemistry, University of St Andrews, Fife, Scotland, March 25-28. Annual Chemical Congress. Fees £46 members, £80.50 per non-member, £9.20 for unemployed, student or retired persons. All prices include VAT. Applications by February 18, an additional £10 charge is made after this date. Information from RSC, Burlington House, London W1V 0BN.

Appointments

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Further information from Geoff Wilson, Principal pharmacist, Fulbourn Hospital, Cambridge (Camb 248074, ext 218).

Job Description and application form from Unit Personnel Department, tel as above ext 339.

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Praise galore for Mr Trotman

Arthur Trotman seems destined to leave a fund of pithy marketing sayings etched on the minds of pharmacists when he retires as managing director of Independent Chemists Marketing Ltd at the end of March.

At a dinner held this week to mark his retirement, speaker after speaker paid tribute to his crucial role in the development of a voluntary trading organisation for chemists, his personal qualities and, his marketing wisdom embodied in numerous catch phrases. Phrases like: "There isn't a problem in distribution that cannot be solved by volume." And to the retailer: "It's not what you get, it's what you think you get" and "You can expose your goods to the risk of being sold".

David Sharpe, who as NPUM chairman in the '70s, toured the country with Mr Trotman detailing NPU's voluntary trading plan said: "He was able to bring a breath of fresh air into a stagnant retail pharmacy sector. Regardless of what other wholesalers have done since, he transformed the face of wholesale and retail pharmacy."

Another former NPA chairman, Don Ross, said he was speaking for other retailers in thanking Arthur for making independent pharmacists aware of the strength that came from trading unity.

Wholesaler Hugh Butler praised his complete dedication to pharmaceutical wholesaling. And Mike Barrett for Kimberley-Clark, spelt out Mr Trotman's track record. As a manufacturer Kimberley-Clark has been able to learn about the problems of pharmacists from Arthur Trotman, head of the biggest supplier to the chemist trade.

"Arthur has a heart to match his size," said Dick Brown of Vernon-Carus. He praised his tremendous loyalty both to Numark and its suppliers. And NPA director Tim Astill said Mr Trotman had "protected pharmacy from its own death wish." Former director of the NPA Jo Wright said Arthur Trotman had brought experience, tenacity, resilience and buoyancy to his job. The progress made by ICML since its early days was due to the way he had led his team.

"I'm just the front man of a great team," said Mr Trotman paying tribute to his staff and , wishing every success to Trevor Dixon who takes over as chief executive in April.

ICML's managing director Arthur Trotman (left) is presented with a set of silver monogramed coasters and place mats from the staff and Numark wholesalers by chairman Bill Cox. Mr Trotman is retiring at the end of March and will be replaced as chief executive by Trevor Dixon (below) who is pictured with Mr Trotman looking at other gifts presented at the dinner.

Technical knock-out for RAMC

Ian MacKillop, the RAMC pharmacy technician who finished second in last week's Mastermind has made it through to the semi-finals after all.

Sheila Altree, who won the heat, was disqualified for failing to disclose that she'd competed in the programme before. She had previously entered under her former married name of Denyer, and says she is now "a different person with a different life-style".

Money incentive

Four $200 awards towards participation expenses are available from the Industrial Pharmacists Section of the Fédération Internationale Pharmaceutique, to encourage the participation of young industrial pharmacists at the next Congress.

Applications to present personal communications on an industrial subject are invited from pharmacists, employed in industry, with less than four years' postgraduate experience on September 1, 1984. Details may be obtained from Mr R.J. Lentle, Pharmaceutical Society of Great Britain, 1, Lambeth High Street, London SE1 7JN.

APPOINTMENTS

Modo Consumer Products Ltd: Bob Mercer has been appointed quality assurance manager.

Dendron Ltd: Dianne Spence has been appointed East Midlands area representative.

Underwoods (Cash Chemists) Ltd: Richard Bett has been appointed deputy managing director responsible for buying, selling and trading. He was previously a divisional merchandise buyer with Debenhams. Dennis Casey has been appointed sales director. He has been with Underwoods since 1967 and was previously sales manager.

Clwyd, Northern Region: Gerald John Wilson, MPS, is appointed principal pharmacist. He will be based at Ysbyty Glan Clwyd, and takes up the post on February 1.

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